

L190000267722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

w19000074322

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Office Use Only

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2019 OCT -3 AM 9:45



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2019

LORI BENSON
4401 NW 16TH PL
GAINESVILLE, FL 32605 US

SUBJECT: STYLE RECYCLED LLC
Ref. Number: W19000074322

We have received your document for STYLE RECYCLED LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 319A00022237



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2019

LORI BENSON
4401 NW 16TH PL
GAINESVILLE, FL 32605 US

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Ref. Number: W19000074322

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If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 219A00020349

*Dear Keyna -
I don't think for me
it was meant for me
to receive other people's correspondence.
Thank you for your
assistance with this
process. For*

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Style Recycled, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori Benson, MGR

Name of Person

Style Recycled

Firm/Company

4401 NW 16th PL

Address

Gainesville FL 32605

City/State and Zip Code

shopstylerecycled@gmail.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Benson

at

803

517 5507

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☒

\$130.00 Filing Fee &
Certificate of Status

☐

\$155.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

☐

\$160.00 Filing Fee.

Certificate of Status &

Certified Copy

(additional copy is enclosed)

Mailing Address

New Filing Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Street Address

New Filing Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Style Recycled LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

4401 NW 16th Pl

Gainesville FL 32605

← same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

LORI BENSON, MGR

Name

4401 NW 16th Pl

Florida street address (P.O. Box NOT acceptable)

Gainesville FL 32605

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Lori Benson, MGR

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

~~LORE BENSON~~ MGR

Name and Address:

LORE BENSON, MGR
4401 NW 10th Pl
Gainesville FL 32605

(Use attachment if necessary)

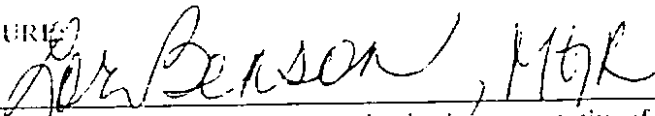
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.17.155, F.S.

LORE BENSON, MGR

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)