

11/13/2019

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Florida Department of State
Division of Corporations
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To: Division of Corporations
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DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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FLORIDA LIMITED LIABILITY CO.
Davalt PLLC

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11/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Davalt PLLC
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:

Cheyenne Moseley, Legalzoom.com, Inc.

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 10th Floor

Address

Glendale, CA 91203

City/State and Zip Code

onlinefilings@Legalzoom.com

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

For further information concerning this matter, please call:

Cheyenne Moseley at (323) 962-8600 ext. 7625

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:

Davalt PLLC

(Must end with 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:**807 Lomax StJacksonville, FL 32004**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:

United States Corporation Agents, Inc.

Name


5575 S. Semoran Blvd., Suite 36Florida street address (P.O. Box **NOT** acceptable)OrlandoFlorida32822

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..


 Registered Agent's Signature (REQUIRED)
My name is: _____, United States Corporation Agents, Inc.

(CONTINUED)

 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 1000 BANKERS BUILDING
 TALLAHASSEE, FL 32399

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Kelly Ross

807 Lomax St

Jacksonville, FL 32004

(Use attachment if necessary)

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CLERK OF STATE
JACKSONVILLE, FL

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.

Professionally licensed Opticians

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.817.155, F.S.

Cheyenne Moseley, Legalzoom.com, Inc.

Typed or printed name of signer

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)

November 5, 2019

Davalt Optical Inc.
1348 Ashley Oaks Dr.
Jacksonville Beach, FL 32250

To:
Kelly Ann Ross
45382 Ingleham Circle
Callahan, Florida 32011

RE: Permission to use name.

This letter gives permission to Kelly Ann Ross to use the name 'Davalt Optical' for the sole purpose of operating a retail optical store that sells prescription eyeglasses and accessories. It is understood that if the sale of the store, Davalt Optical, at 807 Lomax St. is not consummated in 2019 or 2020, this permission will be retracted and this letter is null and void.

Signed Patricia B. Davalt

Date 11-5-19

Patricia B. Davalt