

# L19000273019

(Requestor's Name)

(Address)

(Address)

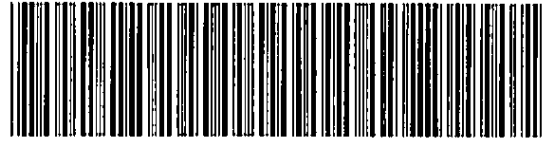
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



200335949932

10/24/19--01024--002 \*\*125.00

~~10/24/19--01024--002 \*\*125.00~~

Special Instructions to Filing Officer:

Sonia GAVE

ART+V

11/15/19

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2019 NOV 15 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FL

N CULLIGAN

NOV 15, 2019

COVER LETTER

TO: New Filing Section  
Division of Corporations

(SONIA THOMAS, LLC)

SUBJECT: SONIA THOMAS ~~ATTORNEY~~ 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:

SONIA Q. THOMAS

Name of Person

Firm/Company

4317 PINEDA ST.

Address

COCOA, FL

City/State and Zip Code

SONIAQTHOMAS@GMAIL.COM

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

For further information concerning this matter, please call:

SONIA at ( 801 ) 3180356

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)

Florida Department of State

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 13, 2019

SONIA THOMAS  
317 PINEDA STREET  
COCOA, FL 32922

SUBJECT: SONIA THOMAS, LLC  
Ref. Number: W19000099798

We have received your document for SONIA THOMAS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you are wanting the LLC to start in 1/1/20 you must that date in ARTICLE V.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 519A00023384

ARTICLE I - Name:

The name of the Limited Liability Company is:

SONIA THOMAS, LLC

SONIA THOMAS ~~LLC~~ 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:

317 PINEDA ST  
COCOA, FL 32922

4150 PINE ELLIOTT DR  
PORT CITY FL 34098

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:

SONIA G. THOMAS  
Name

317 PINEDA ST  
Florida street address (P.O. Box **NOT** acceptable)

COCOA FL 32922  
City State Zip

SECRETARY OF STATE  
TALLAHASSEE, FL

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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..

[Signature]  
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

**Name and Address:**

\_\_\_\_\_

MGR/AMBR

AMBR

\_\_\_\_\_

\_\_\_\_\_

SONIA Q THOMAS

JEFFERSON THOMAS

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11/1/20 (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 on the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

[Handwritten 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.

SONIA Q THOMAS

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)

LAUNCH DAY 11/1/20

SONIA THOMAS 80131820356

317 PINEA ST. COCOA FL 32922

SECRETARY OF STATE  
TALLAHASSEE, FL

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