

L19000295259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

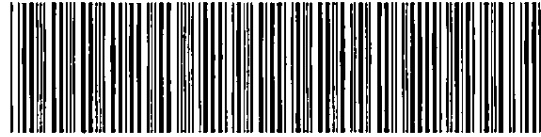
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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19 DEC 10 PM 3:22

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19 DEC 10 PM 6:10
SECRETARY OF STATE
111 MASSACHUSETTS

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. 11410 OLL, LLC

(Corporation Name)

Document #

2. _____
(Corporation Name)

Document #

3. _____
(Corporation Name)

Document #

4. _____
(Corporation Name)

Document #

☒ Walk in

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____ Mail out

____ Will wait

____ Photocopy

____ Certified Copy

____ Certificate of Status

NEW FILINGS

____ Profit
____ Not for Profit
☒ Limited Liability
____ Domesitication
____ Other

AMMENDMENTS

____ Amendment
____ Resignation of R.A. Officer/Director
____ Change of Registered Agent
____ Dissolution/Withdrawal
____ Merger

OTHER FILINGS

____ Annual Report
____ Fictitious Name

REGISTRATION/QUALIFICATIONS

____ Foreign
____ Limited Partnership
____ Reinstatement
____ Trademark
____ Other

EXAMINER'S INITIALS: _____

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☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: 11410 OLL, 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:

Kellie Burns
Name of Person
11410 OLL, LLC
Firm/Company
15780 Old Wedgewood Court
Address
Fort Myers, Florida 33908
City/State and Zip Code
otherdocsforus@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lura Barua 888 650-3738
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

11410 OLL, 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:

15780 OLD WEDGEWOOD COURT
FORT MYERS, FL 33908

Mailing Address:

15780 OLD WEDGEWOOD COURT
FORT MYERS, FL 33908

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:

KELLIE BURNS

Name

15780 OLD WEDGEWOOD COURT

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

<u>FORT MYERS</u>	<u>FL</u>	<u>33908</u>
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.

Kellie O Burns

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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19 DEC 10 PM 6:10
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TALLAHASSEE, FL 32399

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

KELLIE BURNS

15780 OLD WEDGEWOOD COURT

FORT MYERS, FL 33908

(Use attachment if necessary)

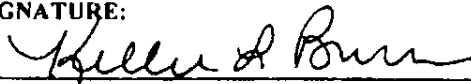
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.817.155, F.S.

KELLIE BURNS

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)