

L200000006521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

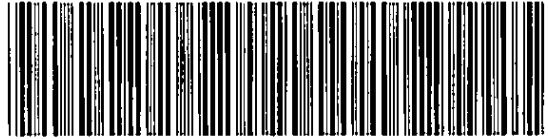
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600337315426

11/25/19--01037--006 **160.00

FILED
2020 JAN -8 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FL

TRANSMITTAL

**Desiree O'Brien
The Missing Link of
FL, LLC**

To: Mrs. Fason

From: Desiree O'Brien

Pages: 4

Phone: 321-945-8433

Date: 1/6/2020

RE: LLC Application

CC:

☐ Urgent ☒ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle

● Comments:

Mrs. Fason:

Per my conversation with your office on 1/2/2020 regarding our not receiving our rejection letter on filing for the above LLC, we have corrected the name and am sending this directly to you as requested, please acknowledge receipt of this correspondence and any other corrections or adjustments we would need to make to our application.

Thanking you in advance.



Desiree O'Brien

1664 Jackson Street

Longwood, FL 32750

dezobrien@outlook.com

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Missing Link of FL, 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:

Desiree O'Brien

Name of Person

The Missing Link of FL, LLC

Firm/Company

1664 Jackson Street

Address

Longwood, FL 32750

City/State and Zip Code

dezobrien@outlook.com

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

For further information concerning this matter, please call:

Desiree O'Brien

321

945-8433

at (_____) _____

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:

The Missing Link of FL, 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:

1664 Jackson Street, Longwood, FL

Mailing Address:

1664 Jackson Street, Longwood, FL

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:

Desiree O'Brien

Name

1664 Jackson Street

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

Longwood

FL

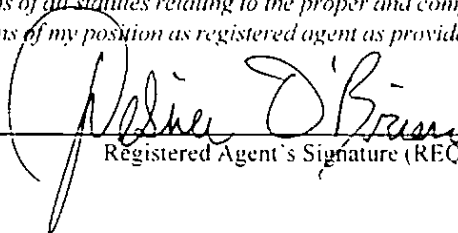
32750

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)

(CONTINUED)

FILED
2020 JAN -8 AM 7:47
SEC. OF STATE
TALLAHASSEE, FL

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:

AMBR

Desiree O'Brien

1664 Jackson Street

Longwood, FL 32750

AMBR

Melahn Turner

512 Ololu Dr.

Winter Park, FL 32789

(Use attachment if necessary)

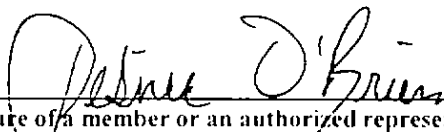
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Desiree O'Brien

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)