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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

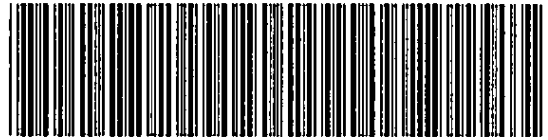
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Rayanne Beers
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December 10, 2019

Florida Division of Corporations
New Filing Section
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, Florida 32303

Re: Darryl Savage LLC, a new Florida LLC

Dear Sir or Madam:

I enclose the following documents for filing a new limited liability company for the Darryl Savage LLC:

1. Cover Letter;
2. Articles of Organization for Florida Limited Liability Company; and
3. Check for \$125.00 filing fee for the Articles of Organization and the Registered Agent Designation.

Please call me if you have any questions or need anything further. The confirmation for acceptance of this filing should be sent to me at the address listed above on my letterhead.

Thank you for your assistance in this matter.

Very Truly,

Rayanne Beers

cc: Darryl Savage
Jerome G. Geraghty, Esq.

RTB: Letters: Savage. FL Div. of Corps., new LLC

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TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Darryl Savage 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:

Rayanne Beers, Esq.*
Name of Person

Blades & Rosenfeld, P.A.
Firm/Company

20 S. Charles Street, Suite 1200
Address

Baltimore, MD 21201
City/State and Zip Code

dhsavage@aol.com (dhsavage1@aol.com)
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rayanne Beers at (410) 539-7558
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

* Florida Bar No. 972142

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TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Darryl Savage 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:

2780 S. Ocean Boulevard, Apt. 603
Palm Beach, FL 33480

2780 S. Ocean Boulevard, Apt. 603
Palm Beach, FL 33480

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:

Darryl Savage

Name

2780 S. Ocean Boulevard, Apt. 603

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

<u>Palm Beach</u>	<u>FL</u>	<u>33480</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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR & MGR

Darryl Savage

2780 S. Ocean Boulevard, Apt. 603

Palm Beach, FL 33480

(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.

None

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.

Darryl Savage

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)

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