

L2D 0000 85598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

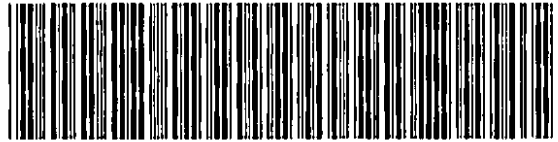
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400341511974

03/05/20--01017--035 **160.00

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Olga Finnegan 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:

Olga Finnegan
Name of Person

Olga Finnegan
Firm/Company

1833 NW 111th Ave
Address

Plantation, FL 33322
City/State and Zip Code

Olga-finnegan@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Olga Finnegan at 954 , 560-3541
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

2020 MAR -5 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Olga Finnegan 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:

1833 NW 111th Ave
Plantation, FL 33322

Mailing Address:

1833 NW 111th Ave
Plantation, FL 33322

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:

Olga Finnegan
Name
1833 NW 111th Ave
Florida street address (P.O. Box **NOT** acceptable)
Plantation FL 33322
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.

Olga Finnegan
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2020 MAR -5 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FL

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

"MGR" = Manager

Name and Address:

(Use attachment if necessary)

(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.

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

2020 MAR -5 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FL

7
8
9
10