

L20000134776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

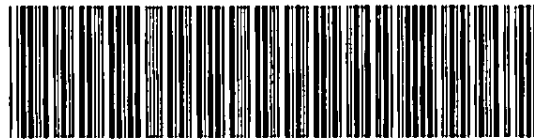
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Joseph Thabane
AUTHORIZATION BY PHONE TO
CORRECT. *Title*

DATE *5/18/20*
DOC. EXAM *2*



200344504012

05/18/20 -01012--020 **155.00

FILED
2020 MAY 18 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. BURCH
MAY 26 2020

COVER LETTER

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

SUBJECT: HEIDI LYNNE L.L.C.

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:

HEIDI LYNNE TROBMAN

Name of Person

Firm/Company

7200 NW 2ND AVE #121

Address

BOCA RATON FLORIDA 33487

City/State and Zip Code

htrobman@gmail.com

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

For further information concerning this matter, please call:

HEIDI LYNNE TROBMAN 609 287 7445

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

HEIDI LYNNE L.L.C.

(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:

7200 NW 2ND AVE.#121
BOCA RATON FLORIDA 33487

Mailing Address:

7200 NW 2ND AVE #121
BOCA RATON FLORIDA 33487

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:

HEIDI LYNNE TROBMAN

Name

7200 NW 2ND AVE #121

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

BOCA RATON FL.33487

City

State

Zip

2020 MAY 18 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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..

Heidi Lynne Trobman
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:

~~PRESIDENT~~ MGR

HEIDI LYNNE TROBMAN

7200 NW 2ND AVE #121

BOCA RATON FLORIDA 33487

2020 MAY 18 AM 10:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

(Use attachment if necessary)

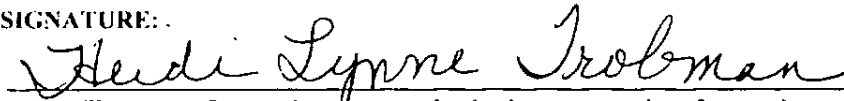
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

HEIDI LYNNE TROBMAN

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)