

L20000.162313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

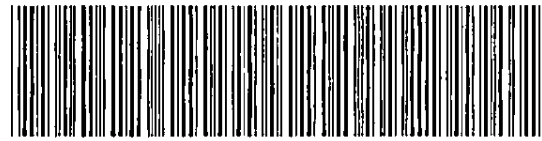
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Mail out

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06/09/20--01023--003 \*\*130.00

2020 JUN 17 9:11:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

W. C. HILLIGAN  
JUN 14 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 10, 2020

BRANDIE WOODS-DANZY  
106 FRANCES HARRELL WAY  
MIDWAY, FL 32343

SUBJECT: NORTH FLORIDA SUPPORT SERVICES, LLC (NFSS)  
Ref. Number: W20000057952

*mail out  
when filed*

We have received your document for NORTH FLORIDA SUPPORT SERVICES, LLC (NFSS) and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 520A00011439

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: North Florida Support Services, 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:

Brandie Woods-Danzy  
Name of Person  
North Florida Support Services, LLC  
Firm/Company  
106 Frances Harrell Way  
Address  
Midway, FL 32343  
City/State and Zip Code  
bwoodsdanzy@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandie Woods-Danzy 850 766-0249  
Name of Person at ( ) 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

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

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SECRETARY OF STATE  
TALLAHASSEE, FL

North Florida Support Services, 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:

106 Frances Harrell Way, Midway, FL 32343

P.O. Box 38385, Tallahassee, FL 32311-8385

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:

Brandie Woods-Danzon

Name

106 Frances Harrell Way

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

Midway

FL

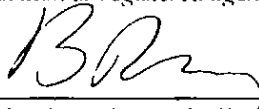
32343

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)

**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

MGR/AMBR

Alisha Burns

155 Slash Circle

Midway, FL 32343

MGR/AMBR

Brandie Woods-Danzy

106 Frances Harrell Way

Midway, FL 32343

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

SECRETARY OF STATE  
TALLAHASSEE, FL

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FILED

**ARTICLE V:** Effective date, if other than the date of filing: 6/8/2020 (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.

Brandie Woods-Danzy

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)