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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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LLC
6/22/20

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Military Shine 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:

Christina Sauls
Name of Person

Military Shine LLC
Firm/Company

843 Ellison Ave. Unit A
Address

Jacksonville, FL 32227
City/State and Zip Code

Christinasauls@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Sauls at (904) 687 9245
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input 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

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JUN 10 2020
TALLAHASSEE, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Military Shine 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:

843 Ellison Ave.
Unit A
Jacksonville FL 32227

Mailing Address:

843 Ellison Ave.
Unit A

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:

Christina Sauls

Name

843 Ellison Ave. Unit A

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

Jacksonville FL 32227

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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DATE 06-10-2008 BY 60322

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