

# L20000165993

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

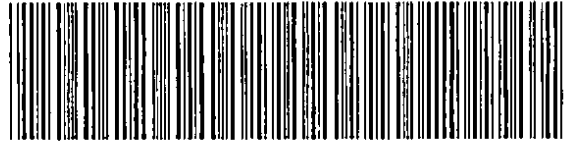
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer

Office Use Only



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06/18/20--01001--003 \*\*275.00

2020 JUN 17 20 30 19  
SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JUN 19 PM 2:31

N CULLIGAN

JUN 17 2020

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
FALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. LOW POST LLC

Corporation Name

Document #

☒ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

**NEW FILINGS**

**AMENDMENTS**

☐ Profit

☐ Amendment

☐ Not for Profit

☐ Resignation of R.A. Officer/Director

☐ Limited Liability

☐ Change of Registered Agent

☐ Domestication

☐ Dissolution/Withdrawal

☐ Other

☐ Merger

**OTHER FILINGS**

**REGISTRATION/QUALIFICATIONS**

☐ Annual Report

☐ Foreign

☐ Fictitious Name

☐ Limited Partnership

☐ Reinstatement

☐ APOSTIL

☐ Trademark

☐ Other

            
COUNTRY

EXAMINER'S INITIALS:

**COVER LETTER**

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

**SUBJECT:** Low Post 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:

Honey Mae McMillan

Name of Person

Low Post LLC

Firm/Company

4440 PGA Boulevard, Suite 600

Address

Palm Beach Gardens, FL, 33410

City/State and Zip Code

otherdocsforus@gmail.com

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

For further information concerning this matter, please call:

Lura Barua

888

650-3738

at ( )

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



7.1  
JUN 17 PM 3:06

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 18, 2020

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: LOW POST LLC  
Ref. Number: W20000061875

We have received your document for LOW POST LLC and your check(s) totaling \$275.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Registered Agents signature is acceptable for imaging, plus it is covering most the of the Registered Agents acceptance.

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: 820A00012048

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

Low Post 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:

4440 PGA Boulevard, Suite 600  
Palm Beach Gardens, FL, 33410

4440 PGA Boulevard, Suite 600  
Palm Beach Gardens, FL, 33410

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL

32301

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..*

Andrew A. Eick

(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

MGR

**Name and Address:**

Honey Mae McMillan

4440 PGA Boulevard, Suite 600

Palm Beach Gardens, FL, 33410

SECRETARY OF STATE  
TALLAHASSEE, FL

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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.

Lura Barua

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)