

L20000206984

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : PYNE LAW GROUP
Account Number : I20110000059
Phone : (850)215-9090
Fax Number : (850)215-9045

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: larrypyne@pynelawgroup.com

FLORIDA LIMITED LIABILITY CO.

~~Little Wood LLC~~ Little Wood PC LLC

Certificate of Status	1
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Page Count	04
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120-206844

COVER LETTER

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

SUBJECT: LITTLE WOOD LLC Little Wood PC 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:

LAURA C. PYNE, ESQ.

Name of Person

PYNE LAW GROUP, P.A.

Firm/Company

2309 FRANKFORD AVENUE, SUITE A

Address

PANAMA CITY, FLORIDA 32405

City/State and Zip Code

LAURAPYNE@PYNELAWGROUP.COM

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

For further information concerning this matter, please call:

LAURA PYNE 850 215-9090
____ at (____) _____
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



July 8, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PYNE LAW GROUP

SUBJECT: LITTLE WOOD LLC
REF: W20000070307

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

Argolda C Brown
Regulatory Specialist II
New Filing Section

FAX Aud. #: H20000211915
Letter Number: 020A00013276

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~LITTLE WOOD LLC~~ Little Wood PC 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:

1008 JENKS AVENUE
PANAMA CITY, FLORIDA 32401

Mailing Address:

P.O. BOX 2
PANAMA CITY, FLORIDA 32402

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:

PYNE LAW GROUP, P.A.

Name

2309 FRANKFORD AVENUE, SUITE A

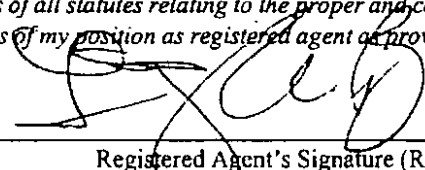
Florida street address (P.O. Box **NOT** acceptable)

PANAMA CITY	FL	32405
City	State	Zip

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TALLAHASSEE, FLORIDA

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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:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR _____

WESLEY JOHNSON
1008 JENKS AVENUE
PANAMA CITY, FLORIDA 32401

MGR _____

JAMES JOHNSON
1008 JENKS AVENUE
PANAMA CITY, FLORIDA 32401

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(Use attachment if necessary)

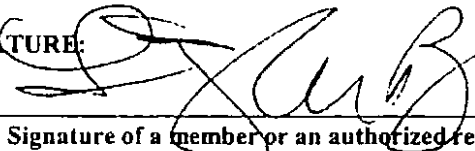
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

LAURA C. PYNE, ESQ.

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)