

L2 0000 261511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

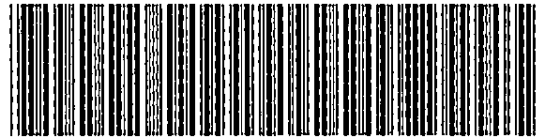
(Business Entity Name)

(Document Number)

ified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900349812009

08/10/20--01:11--011 --\$155.00

5:11:09
2020 AUG 10 PM 4:56
STATE
OFFICE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: STRUGGLEVILLE RECORDS "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:

SANTANIOUS INGRAM

Name of Person

STRUGGLEVILLE RECORDS

Firm/Company

10456 CRESTFIELD DR.

Address

RIVERVIEW, FL 33569

City/State and Zip Code

TAYGRAM14@GMAIL.COM

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

For further information concerning this matter, please call:

SANTANIOUS INGRAM

Name of Person

at (229)

Area Code

314 - 2495

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

2020 AUG 10 PM 4:56
STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STRUGGLEVILLE RECORDS "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:

10456 CRESTFIELD DR
RIVERVIEW FL, 33569

Mailing Address:

10456 CRESTFIELD DR.
RIVERVIEW, FL 33569

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:

SANTAVIOUS INGRAM

Name

10456 CRESTFIELD DR.

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

RIVERVIEW FL

City

State

33569

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..

Santavious Ingram

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 AUG 10 PM 4:56
STATE
HOUSE, FL

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 "

MATTHEW HARRIS
1825 CALIDA DR APT 302
WEST PALM BEACH, 33411
FL

" MGR "

GARY FREEMAN
129 LEBANON ST.
SAN ANTONIO, TX 78223

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7 AUGUST 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.

N/A

REQUIRED SIGNATURE:

Santavious Ingram

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.

SANTAVIOUS INGRAM

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)

2020 AUG 10 PM 4:57
STATE
DOSSIER, FL