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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP

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☐ MAIL

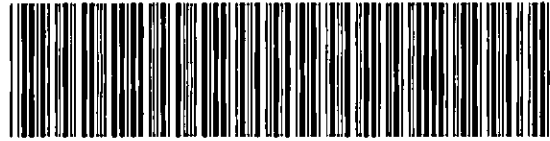
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SAVOYHOUSE, 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:

CLIFTON SAVOY
Name of Person

SAVOYHOUSE, LLC
Firm/Company

519 OAKLAND AVE, EAST
Address

TALLAHASSEE, FL 32301
City/State and Zip Code

CESAIR@NETALLY.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HENE KELLEY at (850) 241-4349
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" 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

ARTICLES OF ORGANIZATION

SavoyHouse, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, Florida Statutes Chapter 605, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME

The name of this Limited Liability Company shall be:

SavoyHouse, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address

519 Oakland Avenue East
Tallahassee, FL 32301

Mailing Address

519 Oakland Avenue East
Tallahassee, FL 32301

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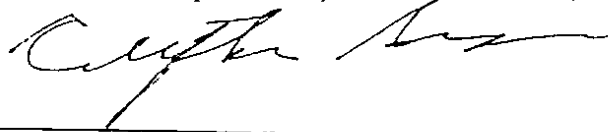
ARTICLE III –REGISTERED AGENT AND REGISTERED OFFICE

The name and the Florida street address of the registered agent are:

Clifton F. Savoy
519 Oakland Avenue East
Tallahassee, FL 32301

ARTICLE IV- SIGNATURE AND ACCEPTANCE

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, Florida Statutes.



Registered Agent's Signature

ARTICLE V- MANAGEMENT

The name and address of each person authorized to manage and control the Limited Liability Company are:

Title:

Name and Address:

AR
MGR

Clifton F. Savoy
519 Oakland Avenue East
Tallahassee, FL 32301

AR
MGR

Judith A. Savoy
519 Oakland Avenue East
Tallahassee, FL 32301

ARTICLE VI- PURPOSE

The general purpose of this Limited Liability Company is to engage in any lawful business or activity as allowed by the laws of the State of Florida. The initial specific purpose of this organization is to promote the writing and publishing of the literary works of Clifton F. Savoy, Ph.D.

ARTICLE VII-EMAIL

The valid email address for this Limited Liability Company is:

jfsavoy@netally.com

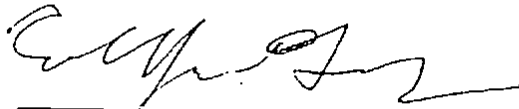
ARTICLE VIII- EFFECTIVE DATE

The effective date for the existence of this Limited Liability Company shall be January 1, 2021.

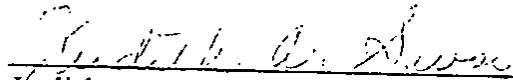
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IN WITNESS WHEREOF, the undersigned organizers have made and subscribed these Articles of Organization at Tallahassee, Florida, for the foregoing uses and purposes this 7th day of November 2020.



Clifton F. Savoy- AR/Member/ Signee



Judith A. Savoy- AR/Member/Signee

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.