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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

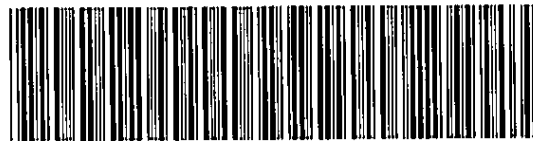
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Derrick Thompson
12/10/2020

EVANS, JONES & REYNOLDS

A PROFESSIONAL CORPORATION

ATTORNEYS AT LAW

SUNTRUST PLAZA

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RICHARD A. JONES (RETIRED)

jmcdonald@ejrlaw.com

November 25, 2020

VIA FEDERAL EXPRESS

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

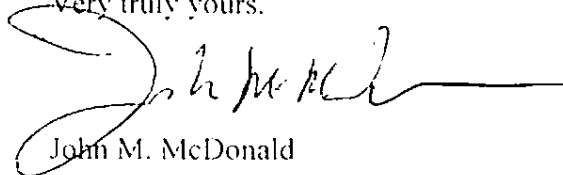
RE: *Pot N'Kettle II, LLC*

To Whom It May Concern:

I have enclosed Articles of Organization for Pot N'Kettle, LLC for filing with your office. I have also enclosed a check in the amount of \$130.00 for the filing fees. Please file these Articles and upon completion return to me in the enclosed self-addressed stamped envelope.

If you have any questions or need additional information, please do not hesitate to call me.

Very truly yours,

A handwritten signature in black ink, appearing to read "John M. McDonald", with a long horizontal flourish extending to the right.

John M. McDonald

JMM/scm
Enclosures

1150201 014 sm ltr to FL SOS 11-25-2020

COVER LETTER

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

SUBJECT: Pot N'Kettle II 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:

JOHN M. MCDONALD

Name of Person

EVANS, JONES REYNOLDS P.C.

Firm/Company

401 COMMERCE STREET, SUITE 710

Address

NASHVILLE, TN 37219

City/State and Zip Code

debbiet@gpwcpas.com

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

For further information concerning this matter, please call:

John M. McDonald	615	259-4685
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pot N' Kettle 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:

C/O UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 50
MIAMI, FL 33156

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:

UNITED CORPORATE SERVICES, INC.

Name

9200 SOUTH DADELAND BLVD., SUITE 50

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

MIAMI

FL

33156

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.

Michael A. Barr

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:

AMBR

The Coghlan Family Trust

C/O Samantha Coghlan

401 Commerce Street, Ste 710, Nashville, TN 37219

(Use attachment if necessary)

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

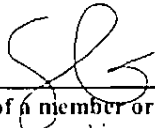
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

The Limited Liability Company is a member-managed entity, and its sole member, The Coghlan Family Trust, acting through its trustees has all authority to manage and control the Limited Liability Company.

REQUIRED SIGNATURE:



<-----Samantha
signs here

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.

Samantha Coghlan, Trustee of the Coghlan Family Trust

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)