

Der

L21000028155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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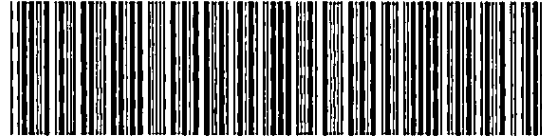
(Business Entity Name)

(Document Number)

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

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2020 OCT 16 AM 8:08

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W2 0000071553  
W2 0000107624



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2020

SIMON E. DANCE  
50 BEARGRASS WAY  
SANTA ROSA BEACH, FL 32459

SUBJECT: S. DANCE CONSULTING, LLC  
Ref. Number: W20000107624

We have received your document for S. DANCE CONSULTING, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

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.

Derrick Thompson  
Regulatory Specialist II

Letter Number: 420A00017924

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2020 OCT 16 AM 8:08  
TALLAHASSEE, FL 32309

2020 OCT 16 AM 11:07  
TALLAHASSEE, FL 32309  
90875

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: S. DANCE  
CONSULTING, 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:

SIMON E. DANCE  
Name of Person

A/A  
Firm/Company

50 BEARGRASS WAY  
Address

SANTA ROSA BEACH, FL 32439  
City/State and Zip Code

Simondance4@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SIMON DANCE at ( 202 ) 299-6725  
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 of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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2020 OCT 16 AM 8:08  
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

S. DANCE

CONSULTING, 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:

50 BEARGRASS WAY  
SANTA ROGA BEACH  
FL 32459

SAME

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:

SIMON E. DANCE

Name

50 BEARGRASS WAY

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

SANTA ROGA BEACH, FL 32459.

City

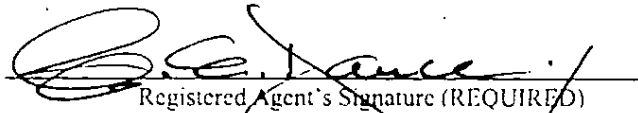
State

Zip

FILED  
TALLAHASSEE, FL 32307

2020 OCT 16 AM 8:08

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

AMBR

MGR

Name and Address:

SIMON E. DANCE.  
50 BEARGRASS WAY  
SANTA ROSA BEACH, FL 32459.

SANDRA L. WAISLEY  
50 BEARGRASS WAY  
SANTA ROSA BEACH, FL 32459.

(Use attachment if necessary)

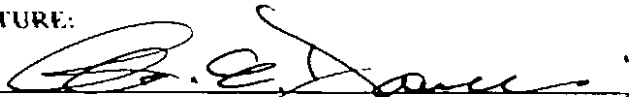
ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(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 605.020 (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.

SIMON EDWARD DANCE.

Typed or printed name of signer

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)

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2020 OCT 16 AM 8:08  
TALLAHASSEE, FLORIDA