

L210001 01806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

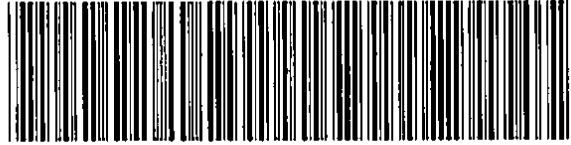
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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2021 MAR 11 PM 3:07

2021 MAR 11 PM 12:00

COVER LETTER

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

SUBJECT: SHOP-N-DROP 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:

Jason Stubbs

Name of Person

SHOP-N-DROP LLC

Firm/Company

1760 SW 83rd Avenue

Address

Miramar, FL 33025

City/State and Zip Code

mjstubby@gmail.com

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

For further information concerning this matter, please call:

Jason Stubbs

754

2529426

at ()

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
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:

SHOP-N-DROP 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:

1760 SW 83rd Avenue

Miramar, FL 33025

1760 SW 83rd Avenue

Miramar, FL 33025

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:

Elnception LLC

Name

20245 NE 15th Court Suite #B1

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

Miami

FL

33179

City

State

Zip

ing been named as registered agent and to accept service of process for the above stated limited liability company at the
e designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I
her agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I
amiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..



03/08/2021

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 MAR 11 PM 3:03

ARTICLE IV-

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

Name and Address:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

Jason Stubbs

1760 SW 83 Ave Miramar Florida 33025

(Use attachment if necessary)

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

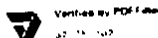
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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:

Jason Stubbs



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.

Jason Stubbs

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)