

W210000118896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

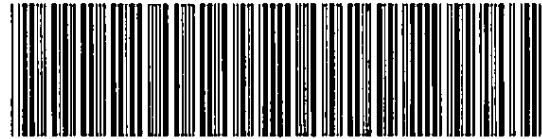
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TALLAHASSEE, FL

W210000033252

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ~~Estelle's LLC~~ Estelle's Family Business, LLC 3/19/2021
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:

Tiara L. Johnson

Name of Person

Firm/Company

40 NE 45th Terrace

Address

Gainesville, FL 32641

City/State and Zip Code

johnson.tiara189@gmail.com

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

→ Johnson.tiara189@gmail.com

JH 3/19/21

For further information concerning this matter, please call:

Tiara L. Johnson

352

284-3564

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

STATE
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~Estelle's, LLC~~ Estelle's Family Business, LLC 3/19/2021
(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:

1235 SE 12th Avenue
Gainesville, FL 32641

Mailing Address:

1235 SE 12th Avenue
Gainesville, FL 32641

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:

Tiara L. Johnson
Name

40 NE 45th Terrace
Florida street address (P.O. Box **NOT** acceptable)

<u>Gainesville</u>	<u>FL</u>	<u>32641</u>
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..

Tiara L. Johnson
(Registered Agent's Signature (REQUIRED))

(CONTINUED)

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR _____

Yvette Watson
1606 SE 14th Avenue
Gainesville, FL 32641

AMBR _____

Sharon Watson
1235 SE 12th Avenue
Gainesville, FL 32641

AMBR _____

Tanya Watson
1323 NE 31st Place
Gainesville, FL 32609

AMBR _____

Andrea McClellan
1323 NE 31st Place
Gainesville, FL 32609

(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 605.0203 (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.

Tiara L. Johnson

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)

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TALLAHASSEE, 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:

AMBR

Lorri McClellan
12 NE 48th Street
Gainesville, FL 32641

AMBR

Danielle Dixon
613 SE 15th Street
Gainesville, FL 32641

AMBR

Tiara L. Johnson
40 NE 45th Terrace
Gainesville, FL 32641

AMBR

Ja'lisa Ownens
1323 NE 31st Place
Gainesville, FL 32609

(Use attachment if necessary)

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

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ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE

Tiara L. Johnson 3/19/2021

Signature of a member or an authorized representative of a member.

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Tiara Johnson

Typed or printed name of signee

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\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FL

* This page was sent with the original filing - TLJ 3/19/21

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

Andrus Owens

1323 NE 31st Place

Gainesville, FL 32609

(Use attachment if necessary)

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

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3/19/2021

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STATE
TALLAHASSEE, FL

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* This copy was sent with original filing. T.T. Johnson