

L210000171673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

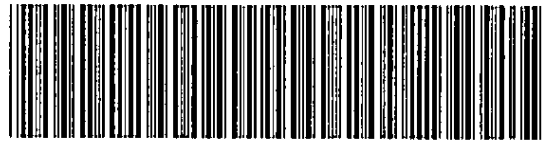
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W2100003235

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02/08/21--01032--028 **165.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
21 FEB -8 AM 6:07



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2021

KEVIN LEON MURPHY
P.O. BOX 162362
ALTAMONTE SPRINGS, FL 32716

SUBJECT: MOBILE BARTENDERS OF CENTRAL FLORIDA LLC
Ref. Number: W21000032352

We have received your document for MOBILE BARTENDERS OF CENTRAL FLORIDA LLC and your check(s) totaling \$165.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Alannah M Carranza
Regulatory Specialist II

Letter Number: 421A00005024

2021 APR 15 AM 11:30
DIVISION OF CORPORATIONS
REGISTRAR'S OFFICE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Mobile Bartenders of Central Florida
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:

Kevin Leon Murphy
Name of Person

BROWN ENTERPRISES
Firm/Company

P.O. Box 162362
Address

Altamonte Springs, FL. 32716
City, State and Zip Code

KLM1978PC@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin L. Murphy at (407) 795-3785
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

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DIVISION OF CORPORATIONS
2007-08-18 AM 7:07

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mobile Bartenders of Central Florida 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:

1312 Virginia Ave

P.O. Box 162362

Lynn Haven, FL. 32444

Altamonte Springs, FL. 32714

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:

Kevin L. Murphy

Name

200 Afton Sq. Unit 103

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

Altamonte Springs, FL. 32714

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.

Kevin L. Murphy

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATIONS

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Kevin Leon Murphy
300 AF tower Sq. Unit 103
Altamonte Springs, FL 32714

(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:

Kevin L. Murphy

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.

Kevin L. Murphy

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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DIVISION OF CORPORATIONS
21 FEB -8 AM 7:07