

L21000209288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK UP

☐ WAIT

☐ MAIL

(Business Entity Name)

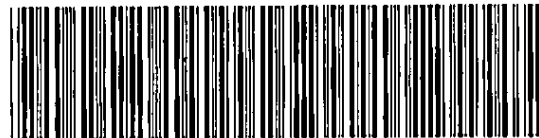
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

W21000064528

Office Use Only



600365807146

05/10/21--01009--013 **375.00

RECEIVED

2021 MAY 10 AM 10:51

2021 MAY 12 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 MAY 12 PM 4:26

TALLAHASSEE, FLORIDA

May 11, 2021

CORP ACCESS

Corrected

SUBJECT: CANNON HOME OFFICE LLC
Ref. Number: W21000064528

We have received your document for CANNON HOME OFFICE LLC and your check(s) totaling \$375.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 221A00009831

2021 MAY 12 PM 3:20

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

125

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 5/10/2021 Glinda

☐ **CERTIFIED COPY**

XX **PHOTOCOPY**

☐ **CUS**

XX **FILING**

LLC

1. **CANNON HOME OFFICE LLC**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

2021 MAY 12 PM 3:20

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CANNON HOME OFFICE 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:

CARL N. CANNON

Name of Person

CANNON HOME OFFICE LLC

Firm/Company

13748 ATLANTIC BOULEVARD

Address

JACKSONVILLE, FL 32225

City/State and Zip Code

CARL CANNON 4 @ gmail . com

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

For further information concerning this matter, please call:

CARL N. CANNON

at

(904)

469-3476

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

2021 MAY 12 PM 3:20

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CANNON HOME OFFICE 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:

13748 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32225

Mailing Address:

13748 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32225

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:

CARL N. CANNON

Name

4480 Deerwood Lake Pkwy Unit 143

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

Jacksonville

FL

32216

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 MAY 12 PM 3:20

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:

<u>AMBR</u>	<u>CANNON, CHRISTOPHER B</u> <u>3 PALMWOOD COURT</u> <u>JACKSONVILLE BEACH, FL 32250</u>
<u>AMBR</u>	<u>CANNON, KEVIN</u> <u>7949 MONTRAY BAY DRIVE</u> <u>JACKSONVILLE, FL 32250</u>
<u>AMBR</u>	<u>NAPOLEON, KERRI C</u> <u>1307 AVONDALE AVENUE</u> <u>JACKSONVILLE, FL 32205</u>
<u>AMBR</u>	<u>CANNON, CARL N</u> <u>4480 DEERWOOD LAKE PKWY, UNIT 143</u> <u>JACKSONVILLE, FL 32216</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/03/2021 (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:

Carl N. Cannon

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.

CARL N. CANNON

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)