

L21000327857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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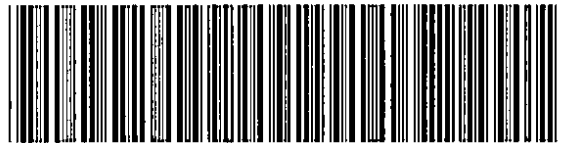
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOXTROT DIRECT, 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:

VANESSA A. CARR, ESQUIRE
NAME OF PERSON

D. KAY CARR P.A.
FIRM/COMPANY

214 APOLLO BEACH BOULEVARD
ADDRESS

APOLLO BEACH, FL 33572
CITY/STATE and ZIP CODE

dkaycarrparalegal@yahoo.com and francotira@gmail.com
EMAIL ADDRESS: (to be used for future annual report notification)

For further information concerning this matter, please call:

VANESSA A. CARR, ESQUIRE at (813) 645-7557
Name of Person Area Code Daytime Phone Number

Enclosed is a check for the following amount:

☐ \$125.00 filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00
Certified Copy
(Additional Copy is Enclosed)

☐ \$160.00 Filing Fee
Certificate of Status
(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

SECRETARY OF 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 FOXTROT DIRECT, LLC.

ARTICLE II

ADDRESS: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6328 Waves End Place
Apollo Beach, FL 33572

Mailing Address:

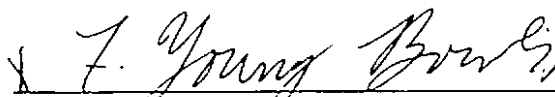
6328 Waves End Place
Apollo Beach, FL 33572

ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE: The name and the Florida street address of the Registered Agent are:

F. YOUNG BOWLING
6328 Waves End Place
Apollo Beach, FL 33572

Having been named as Registered Agent and to accept service of process for the above stated Limited Liability Company at the address 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 608, F.S.



REGISTERED AGENT'S SIGNATURE
F. YOUNG BOWLING

SECRETARY OF STATE
TALLAHASSEE, FL.

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ARTICLE IV

MANAGER(S) OR MANAGING MEMBER(S): The name and address for each Manager or Managing Member is as follows:

TITLE:

ADDRESS:

"AMBR" = members who are authorized
to manage and control the company

F. YOUNG BOWLING
AMBR

6328 Waves End Place
Apollo Beach, FL 33572

ESTOLITA SONG-YE BOWLING
AMBR

6328 Waves End Place
Apollo Beach, FL 33572

ARTICLE V


EFFECTIVE DATE: The effective date is the date of filing.

REQUIRED SIGNATURE:


F. YOUNG BOWLING

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

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)


F. YOUNG BOWLING
Signature of Signee

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SECRETARY OF STATE
TALLAHASSEE, FL