

L21000394331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

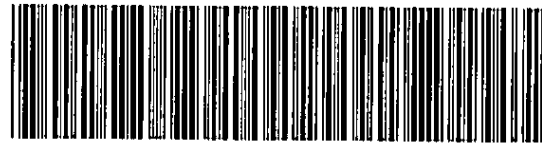
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CP
8/23

W21000115770

Office Use Only



400371622824

08/18/21--01016--001 **130.00

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Graveyard Records
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:

Ellis Berlinsky Lott
Name of Person

Firm/Company

595 Scott Ave
Address

Bartow, FL 33830
City/State and Zip Code

EllisLott84@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ellis Berlinsky Lott (863) 440-6588
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

Graveyard Records
(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:

595 Scott Ave
Bartow FL, 33830

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:

Ellis Berlinsky Lott
Name
595 Scott Ave
Florida street address (P.O. Box **NOT** acceptable)
Bartow Florida 33830
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.,

Ellis Berlinsky Lott
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

Ellis Berlinsky Lott
595 Scott Ave
Bartow FL 33530

(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:

Ellis Berlinsky Lott

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.

Ellis Berlinsky Lott

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)

STATE OF FLORIDA
Division of Treasury
ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments with/without an addendum record that could contain payment related information. Recipients of these payments must bring this information to the attention of the State Treasurer's Office when presenting this form for completion.

REMITTER INFORMATION	
COMPANY/REMITTER NAME: Graveyard Records	
ADDRESS: 595 Scott Ave Bartow FL 33830	
ACH FORMAT: <input checked="" type="checkbox"/> CCD+ <input type="checkbox"/> CTX <input type="checkbox"/> PPD <input type="checkbox"/> OTHER	
CONTACT PERSON NAME & EMAIL ADDRESS: Ellis Berlinsky Lott	TELEPHONE NUMBER: 863-440-6599
ADDITIONAL INFORMATION: MyFloridaMarketPlace Vendor Usage Fee	

PAYEE/COMPANY INFORMATION	
NAME Department of Management Services	SSN OR TAXPAYER ID NO: 59-3458983
ADDRESS: 4050 Esplanade Way, Suite 280	*AGENCY LOCATION/ID= CODE: (15 digits max.) 7200000
Tallahassee FL, 32399-0950	
CONTACT PERSON NAME: Krystal Williams, Accounting Services Supervisor Bureau of Financial Management Services	TELEPHONE NUMBER: (850) 414-6336
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:	DATE:

*THIS PAYMENT MUST INCLUDE THE "AGENCY LOCATION/ID= CODE" IN FIELD "7" OF THE DETAIL RECORD WHEN SETTING UP PAYMENT. FAILURE TO PROVIDE THE REQUESTED INFORMATION MAY DELAY OR PREVENT THE RECEIPT OF PAYMENT.

FINANCIAL INSTITUTION INFORMATION	
NAME: Wells Fargo	
ADDRESS: 1 Independent Drive	
Jacksonville, Florida 32202	
NINE-DIGIT ROUTING TRANSIT NUMBER: 121000248	
DEPOSITOR ACCOUNT TITLE: State of Florida, Department of Financial Services	
DEPOSITOR ACCOUNT NUMBER: 4859859712	
TYPE OF ACCOUNT: <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	LOCKBOX NUMBER:

FINANCIAL INSTITUTION APPROVAL INFORMATION	
SIGNATURE AND TITLE OF FINANCIAL INSTITUTION OFFICIAL:	DATE: