

L21000469700

(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:

Office Use Only



400375721594

10/28/21--01009--003 **125.00

2021 OCT 28 11:40

NOV 01 2021

Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: New Filing Section Division of Corporations

SUBJECT: 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:

Sheila DeCamp

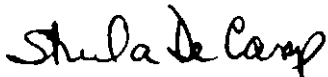
8277 Cheyenne Dr

Seminole, FL 33777

For further information concerning this matter, please call Sheila DeCamp at: 850-251-0148.

Enclosed is a check for the \$125.00 filing fee.

Sincerely,



Sheila DeCamp,

Managing Member

2021 OCT 28 14:43
RECEIVED
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

STATE OF FLORIDA)
COUNTY OF PINELLAS)

2021 OCT 28 11:14
Adm. Serv. Div.

ARTICLES OF ORGANIZATION OF A LIMITED LIABILITY COMPANY

THE UNDERSIGNED SUBSCRIBER to these Articles of Organization of a Limited Liability Company, a natural person competent to contract, hereby elects to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I. - NAME

The name of the Limited Liability Company shall be "Sheila DeCamp, LLC", and its principal office is to be located at 8277 Cheyenne Dr., Seminole, FL 33777, Pinellas County, Florida.

ARTICLE II. - PRINCIPAL OFFICE

This limited Liability Company will have as its principal office address: 8277 Cheyenne Dr., Seminole, FL 33777 and will exist in perpetuity, unless voluntarily dissolved, or dissolved by operation of law.

ARTICLE III. - REGISTERED AGENT

The Limited Liability Company hereby appoints Sheila DeCamp to serve as registered agent. Her address is 8277 Cheyenne Dr., Seminole, FL 22777.

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.

Sheila DeCamp

Sheila DeCamp, Registered Agent

ARTICLE IV - MEMBERS

The members of this limited liability company are as follows:

Sole Member: Sheila DeCamp, AMBR, Managing Member, 8277 Cheyenne Dr., Seminole, FL 33777, FL,

ARTICLE V. - EFFECTIVE DATE

The effective date of this Organization is October 25, 2021, or the effective date as determined by the State of Florida if subsequent to October 25, 2021.

ARTICLE VI. - PURPOSE

The purposes of this Limited Liability Company shall be to transact any and all lawful business under the Laws of the State of Florida.

ARTICLE VII. - AMENDMENTS TO ARTICLES

These Articles of Organization may be amended from time to time as may be required in compliance with Florida Statutes.

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.

IN WITNESS WHEREOF, I, the afore mentioned managing member,
have hereunto affixed my hand and seal this 25th day of October,
A.D. 2021.

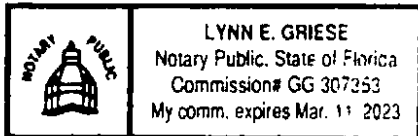
Sheila DeCamp

STATE OF FLORIDA)
)
COUNTY OF PINELLAS)

ACKNOWLEDGEMENT

I HEREBY CERTIFY that on this day personally appeared before me,
an officer duly authorized to administer oaths and take
acknowledgements, Sheila DeCamp known by me to be the persons
described in, or having provided identification consisting of a
Florida Driver's license with number as
follows: A251-792-77-5150 and who subscribed the
foregoing Articles of Organization of a Limited Liability
Company, and she acknowledged before me that she executed the
same for the purposes therein expressed.

WITNESS MY HAND and official seal this 26th day of
October, 2021, in the County of Pinellas, and the State of
Florida.



[Signature]
My commission expires:
03 11 23

2021 OCT 28 PM 1:42
NOTARY PUBLIC