

L21000475801

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H210004066383ABC/

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : DAVID C. HASTINGS, CPA, PA
Account Number : I20000000168
Phone : (727) 322-0909
Fax Number : (727) 610-8595

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LISA@LISAJENNINGSINTERIORS.COM

2021 NOV -3 AM 10:32

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2021 NOV -4 AM 8:58

FLORIDA LIMITED LIABILITY CO.
LISA JENNINGS INTERIORS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LISA JENNINGS INTERIORS, 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:330 3RD ST S UNIT 1121
ST PETERSBURG, FL 33701SAME

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:

DAVID C HASTINGS CPA

Name

2207 54TH ST SFlorida street address (P.O. Box NOT acceptable)GULFPORTFL33707

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 60 F.S.


 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

MGR

LISA JENNTNGS
330 3RD ST S UNIT 1121
ST PETERSBURG, FL 33701

(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:

SIGNATURE: Lisa Truitt

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.

LISA JENNINGS

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)

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Nov. 4. 2021 9:04AM

No. 0045 P. 2, 1

* * * Communication Result Report (Nov. 3. 2021 10:46AM) * * *

1)
2)

Date/Time: Nov. 3. 2021 10:41AM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
0044 Memory TX	Div of Corps	P. 3	OK	

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Division of Corporations

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To: Division of Corporations
Fax Number : (888) 627-4261

From: Account Name : DAVID C. JENNINGS, CDR. PA
Account Number : 23008000112
Phone : (772) 333-8828
Fax Number : (772) 619-0280

"Enter the email address for this business entity to be used for future notices. Report mailings. Do not only use email address please."

Email address: LISA.JENNINGS@JENNINGSINTERIORS.COM

FLORIDA LIMITED LIABILITY CO.
LISA JENNINGS INTERIORS, LLC

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