L22000014022

(Requestor's Name)

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(Address)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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W21-150152

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 22, 2021

SHANNON DANIELS
11111 SUMMER DR
TAMPA, FL 33624

SUBJECT: DANIELS INVESTING LLC
Ref. Number: W21000150752

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We have received your document for DANIELS INVESTING LLC and your check(s) totaling $160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L17000131374.

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.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 521A00028253

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2022 JAN 12 PM 12:21

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: DANIELS INVESTING 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:

SHANNON DANIELS
Name of Person

DANIELS INVESTING LLC
Firm/Company

11111 SUMMER DR
Address

TAMPA FL 33624
City/State and Zip Code

SHANNONDANIELS7@GMAIL.COM
E-mail address: (to be used for future annual report notification):

2023 JAN 12 PM 3:45

For further information concerning this matter, please call:

SHANNON DANIELS at (603) 438-7955
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

~~DANIELS INVESTING LLC~~ Daniels Investing of Tampa, L.L.C
(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:**
11111 SUMMER DR	11111 SUMMER DR
TAMPA, FL 33624	TAMPA, FL 33624

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:

SHANNON DANIELS
Name

11111 SUMMER DR
Florida street address (P.O. Box **NOT** acceptable)

TAMPA	FL	33624
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..

Shannon Daniels
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 JAN 21 PM 3:45

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:**
CEO	SHANNON DANIELS 11111 SUMMER DR TAMPA FL. 33624
MANAGER	CAROL PETERS 11111 SUMMER DR TAMPA, FL 33624

(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 da 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 the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Shannon Daniels

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.

SHANNON DANIELS
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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