

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000050882 3)))



H220000508823ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
RECHARGE BY THE SEA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

***PLEASE PROVIDE
THE ORIGINAL
SUBMISSION DATE
OF 2/8/2022. THANKS!



February 9, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC

SUBJECT: RECHARGE BY THE SEA, LLC
REF: W22000014791

***PLEASE PROVIDE
THE ORIGINAL
SUBMISSION DATE
OF 2/8/2022. THANKS!

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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If you have any further questions concerning your document, please call (850) 245-6052.

Eyacinth LeBlanc
Regulatory Specialist II
New Filing Section

FAX And. #: H22000050882
Letter Number: 022A00003240

002F77-3 PM 11:21

COVER LETTER

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

SUBJECT: Recharge by the Sea, 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:

Laura Manley Knoblauch

Name of Person

Recharge by the Sea, LLC

Firm/Company

2912 Two Elks Road

Address

Normal, IL 61761

City/State and Zip Code

Rechargebytheseallc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Manley Knoblauch

309

310-6752

at (_____) _____

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

17 FEB -3 PM 11:21

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Recharge by the Sea, 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:

Recharge by the Sea
1460 E. Gulf Beach Drive
St. George Island, FL 32328

Mailing Address:

Laura Manley Knoblauch
2912 Two Elks Road
Normal IL 61761

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:

Capitol Corporate Services, Inc.

Name

515 E. Park Ave. Floor 2

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

<u>Tallahassee,</u>	<u>FL</u>	<u>32301</u>
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.

Taylor Seay

Taylor Seay, Asst. Sec. on behalf
of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 Feb -3 PM 11:21

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:

AMBR

Laura Manley Knoblauch

2912 Two Elks Road

Normal, IL 61761

AMBR

Thomas Knoblauch

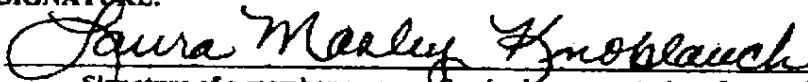
2912 Two Elks Road

Normal, IL 61761

(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 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.

Laura Manley Knoblauch

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)

02/14/2022 10:41:21