

U22000123622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

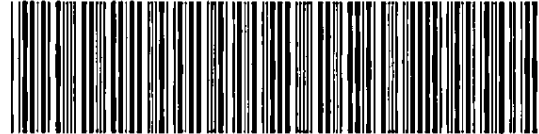
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: New Filing Section, Division of Corporations

SUBJECT: FRACTAL FINANCE, 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:

Lanier M. Davenport Sr.
4101 San Beluga Way
Rockledge FL 33955
(435)640-8832
Lanier.Davenport@gmail.com

For further information concerning this matter, please call:

Lanier M. Davenport Sr. (435)640-8832

Enclosed is a check for the following amount:

☒ \$125.00
Filing Fee

☐ \$130.00
Filing Fee
&

☐ \$155.00 Filing
Fee &

☐ \$160.00
Filing
Fee.

Certificate of
Status

Certified Copy
(additional copy
is enclosed)

Certificate
of Status
&
Certified
Copy

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 a
Florida Limited Liability Company

Article I

The name of the Limited Liability Company is:
FRACTAL FINANCE, LLC.

Article II

The street address of the principal office of the Limited Liability Company is
Fractal Finance, LLC
1120 N. 18th St
Lanett, AL 36863

Article III

The mailing address of the Limited Liability Company is:
Fractal Finance, LLC
1120 N. 18th St
Lanett, AL 36863

Article IV

The Purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article V

The name and Florida street address of the registered agent is:
LANIER M. DAVENPORT SR.
4101 San Beluga Way
Rockledge FL 33955
(435)640-8832

Lanier.Davenport@gmail.com

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.

Registered Agent Signature:


Lanier M. Davenport Sr.

Article VI

The name and address of person(s) authorized to manage LLC:
LANIER M. DAVENPORT SR.
4101 San Beluga Way
Rockledge FL 33955
(435)640-8832

Lanier.Davenport@gmail.com Signature of Manager


Lanier M. Davenport Sr.

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

2021-02-01 08:43