

L22000150593

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.

((H22000116260 3)))



H220001162603ABCU

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To:

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

From:

Account Name : WF TAXES AND MORE INC.
Account Number : I20200000043
Phone : (772)879-0010
Fax Number : (772)879-0150

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

Email Address: WFTAXES.MORE@GMAIL.COM

RECEIVED
2022 APR -8 PM 2:58
DIVISION OF CORPORATIONS
COMMERCIAL
REGISTRATION

**FLORIDA LIMITED LIABILITY CO.
S & J LLC**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

2021 APR -8 PM 3:51
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
111 ALHAMBRA AVENUE
TALLAHASSEE, FLORIDA 32301

FILED

850-617-6381

3/31/2022 7:05:52 AM PAGE 1/001

Fax Server



March 30, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WF TAXES AND MORE

SUBJECT: S & J LLC
REF: W22000041578

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

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 L05000036728.

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

FAX Aud. #: H22000116260
Letter Number: 222A00007478

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LITTRELL SOLUTIONS 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:

JAMES LITTRELL

Name of Person

LITTRELL SOLUTIONS LLC

Firm/Company

2032 SE ALLAMANDRA DR

Address

PORT SAINT LUCIE, FL 34952

City/State and Zip Code

WFTAXES.MORE@GMAIL.COM

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

For further information concerning this matter, please call:

SANDRA LITTRELL

772

985-0101

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

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FILED
TALLAHASSEE, FL 32303
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LITTRELL SOLUTIONS 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:

2032 SE ALLAMANDRA DR
PORT SAINT LUCIE, FL 34952

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:

SANDRA LITTRELL

Name

2032 SE ALLAMANDRA DR

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

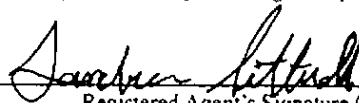
PORT SAINT LUCIE FL 34952

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2021 APR -8 PM 3:51
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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

SANDRA LITRELL
2032 SE ALLAMANDRA DR
PORT ST LUCIE, FL 34952

AMBR

JAMES LITRELL
2032 SE ALLAMANDRA DR
PORT ST LUCIE, FL 34952

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DEPARTMENT OF STATE
OFFICE OF CORPORATE
REGISTRATION
TALLAHASSEE, FL 32301

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/29/2022. (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:

Sandra Littrell

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.

SANDRA LITRELL

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)