

L22000295612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

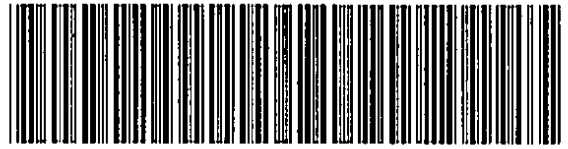
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/11/22--01068--021 **130.00

2022 MAY 24 PM 5:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

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filed 5/24/22

W22-56832

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 MAY 24 PM 1:52

CORPORATIONS
COMMERCIAL
SERVICES

May 2, 2022

LAURYN BENNETT
UTOPIA SKYE
956 SPRINGS LANDING DR.
DELTONA, FL 32725

SUBJECT: UTOPIA SKYE, LLC
Ref. Number: W22000056832

We have received your document for UTOPIA SKYE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 622A00010114

2022 MAY 24 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Utopia Skye 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:

Lauryn Bennett

Name of Person

Utopia Skye

Firm/Company

956 Springs Landing Dr.

Address

Deltona FL 32725

City/State and Zip Code

missciara09@gmail.com

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

For further information concerning this matter, please call:

Lauryn Bennett

407

407-792-8125

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Utopia Skye 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:

956 Springs Landing Dr. Deltona FL 32725

956 Springs Landing Dr. Deltona FL 32725

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:

~~Lauren Bennett~~

Brooke Bennett

Name

956 Springs Landing Dr.

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

Deltona

FL

32725

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Laurvn Bennett

956 Springs Landing Dr. Deltona, FL 32725

AMBR

Brooke Bennett

2480 Church st Sanford, FL 32771

AMBR

Ebonv Hillsman

236 Woodridge DR.. Atlanta, GA 30339

(Use attachment if necessary)

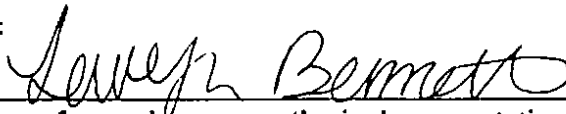
ARTICLE V: Effective date, if other than the date of filing: 04/1/2022 (OPTIONAL)

(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:



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.

Laurvn Bennett

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)

2022 MAY 24 PM 5: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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