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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

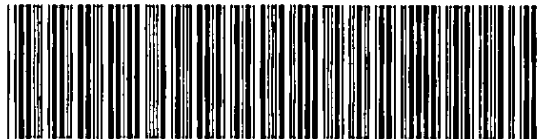
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only

T. SCOTT

JUL 27 2022



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U.S. ARBITRATOR VIDEO  
FRANCHISING  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** AC Magnolias, L.L.C.

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Domestication of a Non-U.S. Entity and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

- Alexis N. Clark

\_\_\_\_\_  
Name of Person

AC Magnolias, L.L.C.

\_\_\_\_\_  
Firm/Company

2736 Stonewood View

\_\_\_\_\_  
Address

Kannapolis, NC 28081

\_\_\_\_\_  
City/State and Zip Code

alexis@acmagnolias.com

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

For further information concerning this matter, please call:

Alexis N. Clark

813

473 - 2121

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Domestication:	\$25
Articles of Organization:	\$125
Total to Domesticate and file:	\$150

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AC Magnolias, L.L.C.

(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2736 Stonewood View

Kannapolis, NC 28081

Mailing Address:

6012 Bayfield Pkwy #189

Concord, NC 28027

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:

Cogency Global Inc.

Name

115 North Calhoun Street, Suite 4

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

Tallahassee

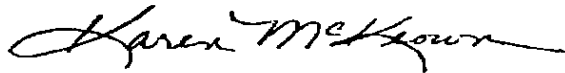
FL

32301

City

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) Karen McKeown, Asst. Secretary

(CONTINUED)

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DIVISION OF CORPORATIONS  
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

MGR

**Name and Address:**

Alexis N. Clark

1032 E. Brandon Blvd #1117

Brandon, FL 33511

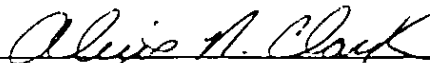
(Use attachment if necessary)

**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 calendar days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative

(In accordance with section 605.0205 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Alexis N. Clark

Typed or printed name of signer

**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)