

L22000476016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

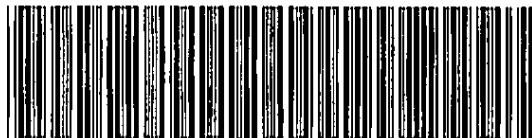
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800396636148

11/03/22 -01013--002 \*\*125.00

FILED  
2022 NOV -2 PM 6:18  
COURT OF STATE  
TALLAHASSEE, FLORIDA

D. O'KEEFE

NOV 08 2022

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: #1 Happy Street 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:

D. Keith Johnson

Name of Person

#1 Happy Street LLC

Firm/Company

8084 County Rd 214

Address

St. Augustine, Florida 32092

City/State and Zip Code

joco1keith@aol.com

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

For further information concerning this matter, please call:

D. Keith Johnson at ( 904 ) 610-8874

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:

#1 Happy Street 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:

8084 County Rd 214  
ST. Augustine  
FLORIDA 32092

Mailing Address:

8084 County Rd 214  
ST. Augustine  
FLORIDA 32092

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:

D. Keith Johnson  
Name

8084 County Rd. 214  
Florida street address (P.O. Box **NOT** acceptable)  
ST. Augustine FLORIDA 32092  
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..*

D. Keith Johnson  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2022 NOV - 2 PM 6:18  
SECRETARY OF STATE  
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

AMBR

MGR

**Name and Address:**

D. Keith Johnson

8884 County Rd. 214

St. Augustine Florida 32092

John P. Pappas

107 George Lane

Brunswick, GA. 31525

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: November 11, 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:**

D. Keith Johnson

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.

D. Keith Johnson

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)

CLERK OF THE COURT  
JAIL ADMINISTRATOR  
FLORIDA

2022 NOV -2 PM 6:18

FILED