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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT M (Business Entity Name) (Document Number) ect Copies Certificates of Status _	
(City/State/Zip/Phone #)	
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al Instructions to Filing Officer;	
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COVER LETTER

TO:	New Filing Section
	Division of Corporations

Somewhere South Staging, LLC SUBJECT:

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:

Gregory S. Oropeza, Esquire

Name of Person

Oropeza, Stones & Cardenas, PLLC

Firm/Company

221 Simonton Street

Address

Key West, FL 33040

City/State and Zip Code

mhowertonkw@gmail.com

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

For further information concerning this matter, please call:

Gae Ganister	30 at (5	294-0252	
		rea Code	Daytime Telephon	e Number
Enclosed is a check for t	he following amount:			
□\$125.00 Filing Fee	□S130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy l copy is enclosed)	□S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
New F Divisio P.O. B	<u>g Address</u> iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha (415 N. Monroe Stree Fallahassee, FL 3230	issee et, Suite 810



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 29, 2022

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CAPITAL CONNECTION, INC.

SUBJECT: SOMEWHERE SOUTH STAGING LLC Ref. Number: W22000146460

We have received your document for and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The filing of a limited liability company is \$125, however you submited \$25. Please send a check or money order of \$100 to have the limited liability company filed.,

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham Regulatory Specialist II New Filing Section

Letter Number: 722A00026278

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SOMEWHERE SOUTH STAGING LLC

	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name_
	Corp Record Search
	Officer Search

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			Fictitious Owner Search
	i		Vehicle Search
			Driving Record
			UCC 1 or 3 File
Date	Time		UCC Search
Date	11/110		UCC 11 Retrieval
Will Pick Up			Courier
	Date Will Pick Up	Date Time Will Pick Up	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Somewhere South Staging, 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:	<u>Mailing Address</u> :		
581 Blackbeard Road	581 Blackbeard Road		
Little Torch Key, FL 33042	Little Torch Key, FL 33042		

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:

Michelle Howerton			
	Name		
581 Blackbeard Road			
Florida street address			
Little Torch Key	FL	33042	С. С.
City	State	Zip	· · ·

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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. J further agree to comply with the provisions of all statutes relating to the proper and complete performance of my dutics, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

ocuSianed by: W - M M - Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Michelle Howerton 581 Blackbeard Road Little Torch Key, FL 33042	

(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 days after the date of filing.)

<u>Note:</u> 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 SUGSATURE:

-058335 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.

Michelle Howerton

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)