

# L230000313261

Jun 30 2023 12:02pm

P001/006

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : MCNEESE LAW FIRM  
Account Number : I20190000070  
Phone : (850)337-4208  
Fax Number : (850)337-4243

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

Email Address: john@adsnash.com

2023 JUN 30 AM 10:05  
FALL - SS - 10610

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REGISTRARS  
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FLORIDA LIMITED LIABILITY CO.  
Maple Street, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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June 7, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MCNEESE LAW FIRM

SUBJECT: MAPLE STREET, LLC  
REF: W23000080108

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax 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.

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.

Genesis R Kersey  
OPS Clerk

FAX Aud. #: H23000204061  
Letter Number: 823A00012908

P.O BOX 6327 - Tallahassee, Florida 32314

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June 15, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

JOHN NELSON  
15 MAPLE ST  
SANTA ROSA BEACH, FL 32459US

SUBJECT: 15 MAPLE STREET, LLC  
REF: W23000084164

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

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

KAIN COSTELLO  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H23000204061  
Letter Number: 723A00013589

P.O BOX 6327 - Tallahassee, Florida 32314

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**COVER LETTER**

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

**SUBJECT:** 15 MAPLE 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:

JOHN NELSON

Name of Person

Firm/Company

15 MAPLE STREET

Address

SANTA ROSA BEACH, FL 32459

City/State and Zip Code

JOHN@ADSNASH.COM

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

For further information concerning this matter, please call:

JOHN NELSON

615

533-5952

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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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

15 MAPLE 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:****Mailing Address:**15 MAPLE STREET  
SANTA ROSA BEACH, FL 3245915 MAPLE STREET  
SANTA ROSA BEACH, FL 32459**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:

RICHARD S. McNEESE

Name

36468 EMERALD COAST PARKWAY, STE. 1201Florida street address (P.O. Box **NOT** acceptable)DESTINFL32541

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)

2023 JUN 30 AM 10:05  
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:**

AMBR

JOHN NELSON

15 MAPLE STREET

SANTA ROSA BEACH, FL 32459

(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.)

**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.**

FORMED FOR ANY LAWFUL PURPOSE

**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.

RICHARD S. McNEESE

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)**

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