

L23000371334

(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



900412333719

07/18/23--01009--014 **155.00

FILED JUL 18 2023

2023 JUL 18 AM 10:36

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Sidney Shierling
13300 Atlantic Blvd Apt. 1913
Jacksonville, FL 32225

Date: 06/26/2023

New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32225

Formation of LLC Form

Enclosed is the Florida LLC Forms as well as a check for the filing fees, plus one additional copy for a total of \$155

Please file and provide a "filed" copy to me, together with and information you commonly provide to new LLCs.

Please contact me if you require anything further.

Kindest Regards,

Sidney Shierling
904-955-5298 (Day Cell)
FloralStateManagement@gmail.com

2023 JUN 18 PM 10:36
FBI - TAMPA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Floral State Management 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:

Sidney Shierling
Name of Person

Floral State Management LLC.
Firm/Company

13300 Atlantic Blvd Apt 1913
Address

Jacksonville, FL 32225
City/State and Zip Code

FloralStateManagement@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sidney Shierling at (904) 955-5298
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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:

Floral State Management 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:

13300 Atlantic Blvd Apt 1913
Jacksonville, FL 32225

Mailing Address:

13300 Atlantic Blvd Apt 1913
Jacksonville, FL 32225

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:

Sidney Shierling
Name

13300 Atlantic Blvd Apt 1913

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

Jacksonville FL 32225

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.,

Sidney Shierling
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 JUL 18 AM 10:36
LAL: S. P.

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

Name and Address:

Sidney Shierling
13300 Atlantic Blvd APT 1913
Jacksonville, FL 32225

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07/01/2023 (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:

Sidney Shierling

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.

Sidney Shierling

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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FILED IN 10000

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