

L23000440854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

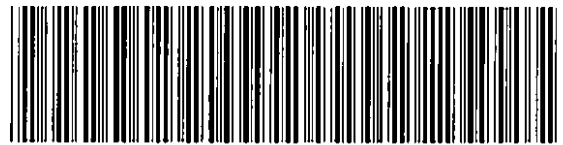
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
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SMITH LAW FIRM, LLC
ATTORNEYS AND COUNSELORS AT LAW

B. LARRY SMITH, P.A.
"SNUFFY"

B. SHANNON SMITH, P.A.
"SHANNON"

B. CALEB SMITH, P.A.
"CALEB"

322 EAST PARK AVENUE
CHIEFLAND, FLORIDA 32626

OFFICE (352) 490-5353
FACSIMILE (352) 490-5337

September 14, 2023

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

Re: Candice Land, LLC
_____ /

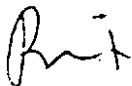
To the Department of State.

Regarding the formation of the above-referenced limited liability company, find enclosed Ms. Land's check no. 5564 made payable to the Florida Department of State for \$130.00 in payment of the fee to register CANDICE LAND, LLC as a Florida limited liability company.

Upon receipt of the enclosed, please register the llc and, upon said registration being completed, send all registration and certificate documents to our office in the return envelope provided.

If there are any questions, please feel free to contact our office.

Sincerely,



B. SHANNON SMITH
BSS/dmi
Encs.

"Standing With You Through The Generations"

COVER LETTER

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

SUBJECT: Candice Land, 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:

Name of Person

Smith Law Firm

Firm/Company

322 Park Avenue

Address

Chiefland, FL 32626

City/State and Zip Code

Kandiceland@yahoo.com

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

For further information concerning this matter, please call:

Benjamin Smith 352 490-5353

Name of Person at () 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:

Candice Land, 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:

109 Court Street

Live Oak, FL 32064

Mailing Address:

109 Court Street

Live Oak, FL 32064

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:

Smith Law Firm, LLC

Name

322 East Park Avenue

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

Chiefland

FL

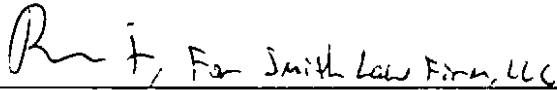
32626

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)

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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

MGR

Name and Address:

Candice Land

12158 Bass Rd

Live Oak, FL 32060

(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.

REQUIRED SIGNATURE:

Candice Land

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.

Candice Land

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)