

L23000451571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

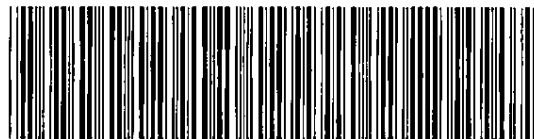
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/06/15--01320--000 **125.00

FILED IN 15-01-00

2022 SEP -8 PM 8:28

COVER LETTER

TO: New Filing Section
 1100 North Main Street, Suite 510
 Tallahassee, Florida 32301

FROM: [Name] [Address] [City, State, Zip Code]

ATTENTION: Please send me the following information:
 1. Certificate of Status (if I am a corporation)

2. [Name]

[Name of Person]

[Firm Company]

1300 SE Bayshore Terrace

Address

Phone: (904) 349-97

City, State and Zip Code

E-mail: [Name]@gmail.com

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

If you have any questions regarding this matter, please call:

Fax: [Name]

772

485-8321

Name of Person

Area Code

Daytime Telephone Number

Please enclose for the following amount:

* \$1,250.00 Filing Fee

\$130.00 Filing Fee &
 Certificate of Status

\$155.00 Filing Fee &
 Certified Copy
 (Additional copy is enclosed)

\$100.00 Filing Fee,
 Certificate of Status &
 Certified Copy
 (Additional copy is enclosed)

Mailing Address

New Filing Section
 Division of Corporations
 1100 North Main Street
 Tallahassee, FL 32301

Street Address

New Filing Section Division
 The Centre of Tallahassee
 1102 N. Main Street, Suite 510
 Tallahassee, FL 32301

1100 North Main Street

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is _____

which shall be _____

and shall contain the words "Limited Liability Company," "LLC," or "L.L.C."

ARTICLE II - Address

The principal office address of the principal office of the Limited Liability Company is _____

Principal Office Address: _____

Mailing Address: _____

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 as a registered agent (not a corporation or inactive Florida registration).

The name and street address of the registered agent is _____

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

City _____ State _____ Zip _____

I, _____, do hereby accept service of process for the above stated Limited Liability Company, and I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I understand and agree to the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (all of RFD)

(CONTINUED)

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ARTICLE IV

1. The undersigned person(s) hereby declare and certify that the following is true and correct:

Check

_____ ☐ I am a Member

Name and Address:

ARTICLE V Effective Date: _____ (Other than the date of filing)

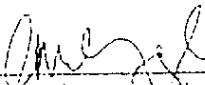
(OPTIONAL)

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 entered in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.

ARTICLE VI Other provisions, if any:

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.

Typed or printed name of signer

Typed or printed name of signer

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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