

L23000497491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

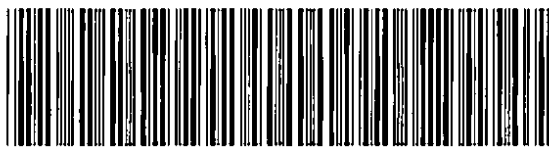
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2023 NOV -3 PM 3: 40:23 PM 5: 00

OFFICE
DIVISION OF
TALLAHASSEE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Get Found Professional Services 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

Stephane A. Smith
Name of Person

Get Found Professional Services LLC
Firm/Company

8010 SARCEP TRAIL
Address

JAX FL 32244
City, State and Zip Code

sssmith0518c@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephane A Smith at 904, 524-1307
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Get Found Professional Services 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:

8010 SARCEP TRAIL
JACKSONVILLE, FL 32244

Mailing Address:

SAME

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:

Stephanie A. Smith
Name
8010 SARCEP TRAIL
Florida street address (P.O. Box NOT acceptable)
JACKSONVILLE FL 32244
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..

Stephanie A. Smith
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 AUG - 1 PM 5:00

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:

AMGR

Stephane A. Smith

801 JARCEP TRAIL JAX FL 32244

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11-3-23 (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:

Stephane A. Smith

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.

Stephane A. Smith

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)

11-03-2023

Attn:

Florida Dept of State

This is a formal letter stating the following:

I Stephanie A. Smith, an authorized member of GET FOUND PROFESSIONAL SERVICES LLC, hereby release
The name GET FOUND PROFESSIONAL SERVICES LLC.

DOC# L23000298981

Thank you,

Stephanie A Smith 11-3-23

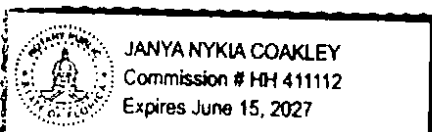
Stephanie A. Smith

The foregoing instrument was acknowledged before me this
____ day of _____ 20____ by means of
☐ Physical Presence OR ☐ Online Notarization
By _____ (Name of Affiant) (Seal)

(Signature of Florida Notary Public)

(Print name of Notary Public)
☐ Personally Known OR ☐ Produced Identification
Type of Identification Produced _____

STATE OF FLORIDA
COUNTY OF Duval
The foregoing instrument was acknowledged before me this
____ day of Nov 2023 by means of
☐ Physical Presence OR ☐ Online Notarization
By Stephanie Smith (Name of Affiant)
Janya Nykia Coakley (Seal)
(Signature of Florida Notary Public)
Janya Coakley
(Print name of Notary Public)
☐ Personally Known OR ☐ Produced Identification
Type of Identification Produced FL Drivers license



SC

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