

L23000542688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

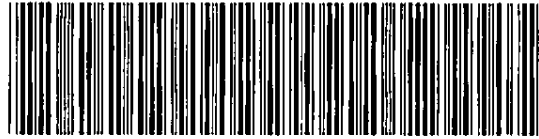
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/04/23--01039--009 **125.00

10:01...

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Daniel Ellison 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:

Debra Overstreet

Name of Person

Firm/Company

1790 Hwy A1A Suite 101

Address

Satellite Beach FL 32937

City/State and Zip Code

debbi@atlanticeloa.com

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

For further information concerning this matter, please call:

Debra Overstreet 321 777-3199
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input 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) |
|---|---|---|---|

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

10:01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Daniel Ellison 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:

1790 Hwy A1A Suite 101

Satellite Beach FL 32937

1790 Hwy A1A Suite 101

Satellite Beach FL 32937

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:

Debra Overstreet

Name

1790 Hwy A1A Suite 101

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

Satellite Beach

FL

32937

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.

Debra Overstreet

Registered Agent's Signature (REQUIRED)

(CONTINUED)

10:01 PM

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Debra Overstreet
1790 Hwy A1A Suite 101
Satellite Beach FL 32937

AMBR

Daniel Overstreet
1790 Hwy A1A Suite 101
Satellite Beach FL 32937

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/1/2023 (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:

Debra Overstreet

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.

Debra Overstreet

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)

Dec 1, 2023

Div of Corps

New Filing Section

2415 N Monroe St #810

Tallahassee FL 32303

Re: Daniel Ellison LLC

To Whom It May Concern:

Please find attached the new filing for Daniel Ellison LLC - if anything additional is needed for this filing please let me now.

Sincerely,

A handwritten signature in black ink, appearing to read "Debra Overstreet", with a long horizontal flourish extending to the right.

Debra Overstreet

321-777-3199 or 321-536-2818