

L24000191086

(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

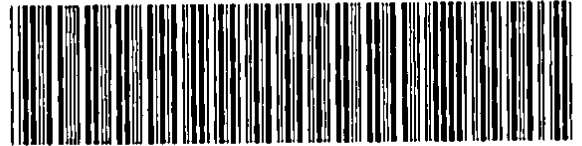
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



600428122006

2024 APR 26 PM 3:31

TALLAHASSEE, FLORIDA

2024 APR 26 PM 3:31

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon

(850) 524-5437 Teresa

(850) 524-6243 Rich

Please use funds from account: I20210000160: \$125.00

Authorization Signature: *[Signature]*

Business Name: 1938 Laura Loop, LLC

Document #

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

&

AMENDMENTS

☐ Profit Corp

☐ Not for Profit

☒ **Limited Liability**

☐ Domestication

☐ LLLP

☐ Corp

☐ Inc

☐ Other

☐ Amendment

☐ Resignation / Dissociation

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Amended & Restated Articles of Incorporation

☐ Statement of Authority

APOSTILLE(s)

&

OTHER FILINGS

☐ Apostille(s)

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ Country(s)

☐ Fictitious Name

☐ Annual Report

EXAMINER'S INITIALS: _____

2024 APR 23 PM 3:47
FBI - TAMPA
RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC

(850) 491-9625 Brandon

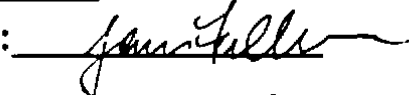
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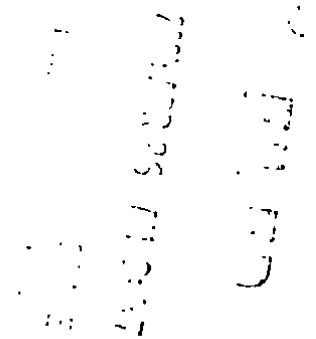
 Qualification

 Country(s)

 Fictitious Name

 Annual Report

EXAMINER'S INITIALS:



COVER LETTER

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

SUBJECT: 1938 Laura Loop, 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:

Nelson Garcia

Name of Person

Jacobs Law, LLC

Firm/Company

1117 Perimeter Center West, Suite W501

Address

Atlanta, Georgia 30338

City/State and Zip Code

missylockhartatl@outlook.com

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

For further information concerning this matter, please call:

Nelson Garcia 404 474-3905

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:

1938 Laura Loop, 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:

1538 Cedarhurst Drive
Atlanta, GA 30338

Mailing Address:

1538 Cedarhurst Drive
Atlanta, GA 30338

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:

PARACORP INCORPORATED

Name

155 OFFICE PLAZA DRIVE, 1ST FLOOR

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

<u>TALLAHASSEE</u>	<u>FL</u>	<u>32301</u>
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.

L. Hee Leticia Herrera Asst. Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

NOTARIAL SEAL
NOTARY PUBLIC
STATE OF FLORIDA
COMMISSION EXPIRES 12/31/2012

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:

MGR

Elizabeth Ann Lockhart

1538 Cedarhurst Drive

Atlanta, GA 30338

MGR

Matthew Carrel Lockhart

1538 Cedarhurst Drive

Atlanta, GA 30338

(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.

The management of the Company is vested in one or more managers and governed by an operating agreement, a copy of which can be found at the Company's principal place of business.

REQUIRED SIGNATURE:

DocuSigned by:

Elizabeth Ann Lockhart

329EB50F350E402

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.

Elizabeth Ann Lockhart, Manager

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)