

L2400047712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

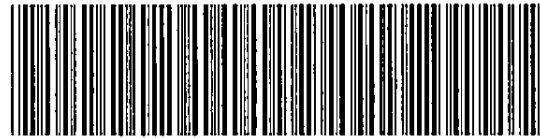
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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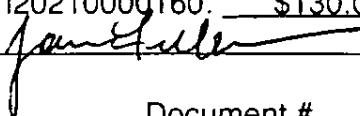
2024 OCT -9 PM 9:47

FILED

2024 OCT -9 PM 3:39
SECRETARY OF STATE
MAIL ROOM, LONDON

RECEIVED

-- FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$130.00
Authorization Signature: 
RV SHELTER SOLUTIONS, LLC
Business Document #

 Walk in Will wait

 Certified Copies of the Articles of Organization
 X Certificate of Status

NEW FILINGS

 Profit
 Not for Profit
 X LLC
 Domestication
 INC
 CORP
 OTHER

AMENDMENTS

 Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Conversion
 Statement of Correction.
 Merger

OTHER FILINGS

 Annual Report
 Fictitious Name
 Statement of Authority
 APOSTIL
 COUNTRY

REGISTRATION/QUALIFICATIONS

 Foreign Filing
 Partnership
 Reinstatement
 CORRECTION for a Foreign LLC
 Domestication of a Foreign Corp.
 Other

EXAMINER'S INITIALS:

FILED
2024 OCT -9 PM 9:47
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

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2024 OCT -9 PM 9:47

COVER LETTER

TO: New Filing Section
Division of Corporations

Subject: RV SHELTER SOLUTIONS, 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:

DOUGLAS MILNE, AR
Name of Person

MILNE AND BUCKINGHAM
Firm/Company

1912 HAMILTON STREET, SUITE 203
Address

JACKSONVILLE, FL 32210
City/State and Zip Code

DOUG@MILNECORPJAX.COM
email for future annual report notifications

For further information concerning this matter, please call:

DOUGLAS MILNE (904) 387.5400
Name of Person) (Area Code) & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125 Filing Fee ☒ \$130 Filing Fee and
Certificate of Status ☐ \$155 Filing Fee and Certified Copy
(additional copy is enclosed)

☐ \$160 Filing Fee, Certificate of Status, and
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

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2024 OCT -9 AM 9:47
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RV SHELTER SOLUTIONS, 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:

1912 HAMILTON ST
#203
JACKSONVILLE, FL
32210

Mailing Address:

1912 HAMILTON ST #203
JACKSONVILLE, FL

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:

DOUGLAS J. MILNE

Name

1912 HAMILTON ST #203

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

JACKSONVILLE, FL 32210

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.

DJ Milne

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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OCT - 9 AM 9:47
JACKSONVILLE, FL

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:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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.

LIMITED LIABILITY COMPANY MAY ENGAGE IN
ANY LAWFUL BUSINESS

REQUIRED SIGNATURE:

DJ Milne

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.

DOUGLAS J. MILNE AR

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)

FILED
2024 OCT -9 PM 9:47
CLERK OF COURT
STATE OF FLORIDA