

L14000102378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

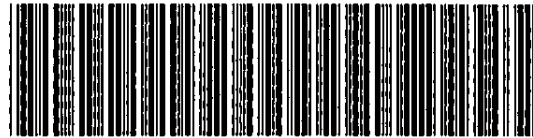
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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06/18/14--01005--005 **130.00

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14 JUN 18 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 26 2014

S. YOUNG

My name and address is as follows:

June 13, 2014
Tallahassee, FL 32314

Registration Section

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

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TALLAHASSEE, FL 32314

Gentlemen:

Attached please find my request to register LuckyStrikesAgain, LLC along with a check for \$130.00 for filing fee and certificate of status.

My name and address is as follows:

Louis Cole

HC61 67 Loop Road

Ochopee, FL 34141

Home # 239-695-2550

Cell: 305-525-1419

Sincerely,


Louis Cole

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUCKYSTRIKESAGAIN, 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:

Louis Cole

Name of Person

LuckyStrikesAgain, LLC

Firm/Company

HC 61, Box 67 Loop Road

Address

Ochopee, FL 34141

City/State and Zip Code

luckystrikesagain@earthlink.net

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

For further information concerning this matter, please call:

Maureen Cole

Name of Person

at (305)

Area Code

808-4003

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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LuckyStrikesAgain, LLC

(Must end with 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:

67 Loop Road

Ochopee FL 34141

HC 61 Box 67

Ochopee, FL 34141

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:

Louis Cole

Name

67 Loop Road

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

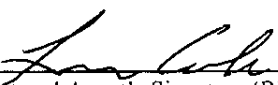
Ochopee

City

FL 34141

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Name and Address:

Louis Cole

67 Loop Road

Ochopee, FL 34141

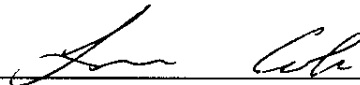
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Louis Cole

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)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE