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PICK-UP WAIT MAIL

(Business Entity Name)

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TALLAHASSEE, FLORIDA

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W16-78452



FLORIDA DEPARTMENT OF STATE
Division of Corporations

16 DEC -2 AM 11:26

November 22, 2016

MICHAEL D PRESSON
MD PRESSON PLLC
13724 PIMBERTON DR
HUDSON, FL 34669-0807

SUBJECT: MD PRESSON PLLC
Ref. Number: W16000078452

We have received your document for MD PRESSON PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 516A00024991

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MD Presson PLLC
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:

Michael D Presson
Name of Person

MD Presson PLLC
Firm/Company

13724 Pimberton Dr
Address

Hudson, FL 34669-0807
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael D Presson 270 792-8451
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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MD Presson PLLC

(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:

13724 Pimberton Dr.
Hudson, FL 34669-0807

13724 Pimberton Dr.
Hudson, FL 34669-0807

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:

Michael D Presson
Name

13724 Pimberton Dr.
Florida street address (P.O. Box **NOT** acceptable)

Hudson Florida 34669-0807
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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Michael D Presson

13724 Pimberton Dr.

Hudson, FL 34669

AMBR

Michael D Presson

13724 Pimberton Dr.

Hudson, FL 34669

(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.

Purpose - PRACTICE OF TAX RETURN
PREPARATION, REPRESENTATION AND TAX LAW

REQUIRED SIGNATURE:

Michael D Presson

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.

Michael D Presson

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