

L17 000016272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

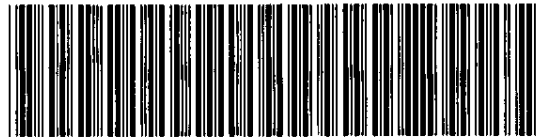
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17 JAN 24 PM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

01/24/17--01016--004 **125.00

17 JAN 24 AM 10:55
SUPERVISOR OF FILINGS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 422 Agency
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:

Justyn Thomas
Name of Person

422 Agency
Firm/Company

507 Hampton Ave
Address

Tallahassee FL 32310
City/State and Zip Code

hello@422agency.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justyn Thomas at (850) 300 3016
Name of Person Area Code 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:

422 Agency, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

507 Hampton Ave
Tallahassee FL, 32310

507 Hampton Ave
Tallahassee FL, 32310

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:

Justyn Thomas

Name

507 Hampton Ave

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

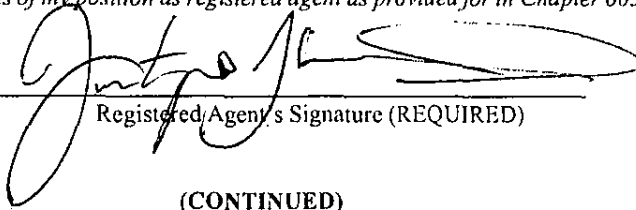
Tallahassee FL 32310

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)

