

L20000021316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

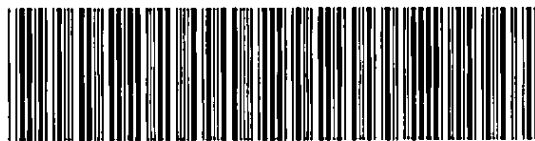
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/24/20--01003--008 **160.00

2020 JAN 24 PM 12:44
TALLAHASSEE, FLORIDA

2020 JAN 24 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

01:10
K...

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TOOMER SECURITY GROUP, LLC

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

2020 JAN 24 PM 12:10

01/24/20

Signature _____

Requested by: SETH

01/24/20

Name

Date

Time

Walk-In _____

Will Pick Up _____

COVER LETTER

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

SUBJECT: Toomer Security Group, 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:

Kally Williams

Name of Person

Toomer Security Group, LLC

Firm/Company

1301 Riverplace Blvd

Address

Jacksonville, Florida 32207

City/State and Zip Code

investorstax@gmail.com

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

For further information concerning this matter, please call:

David Ferguson 866 285-9501

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
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:

Toomer Security Group, L.L.C.,

(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:

Mailing Address:

1301 Riverplace Blvd
Jacksonville, Florida 32207

1301 Riverplace Blvd
Jacksonville, Florida 32207

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:

David Ferguson

Name

7610 Blanding Blvd, # 728

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

Jacksonville

Florida

32244

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.

David Ferguson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2023 JUN 24 PM 2:24
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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

Name and Address:

MGR

Kally Williams
1301 Riverplace Blvd
Jacksonville, Florida 32207

AMBR

Torrance Toomer, Sr
1301 Riverplace Blvd
Jacksonville, Florida 32207

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 21st, 2020 (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.

a. The books of the LLC may be kept outside of the State of Florida. (b) The Business of the LLC shall be managed by a Board of Directors; and the Board of Directors shall have power to exercise all the powers of the L.L.C.. (c) Kally Williams is a 85% owner and she carries the additional titles of CEO & CFO. Torrance Toomer, Sr, is a 15% owner and he carries the title of SEC. (d) The L.L.C. reserves the right to amend, alter or change or add any provision in the future.

REQUIRED SIGNATURE:

Kally Williams
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.

Kally Williams

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)