

L02000029470

Gloria R. Stapleton
(Requestor's Name)

P.O. Box 10353
(Address)

Tallahassee,
(Address)

FL 32302
(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



000008662930

11/05/02--01058--015 **125.00

RECEIVED

02 NOV -5 PM 12: 21

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

02 NOV -5 PM 12: 17

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Handwritten signature

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Cannon Financial Services, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
P.O. Box 10353

Tallahassee, FL 32302

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Gloria R. Stapleton

Name

9094 Old Chemonie Rd

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

Tallahassee

FL 32309

City, State, and Zip

FILED
02 NOV -5 PM 12:17
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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 608, F.S.

Gloria R. Stapleton

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Gloria R. Stapleton

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Gloria R. Stapleton

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)