

LO2000034707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

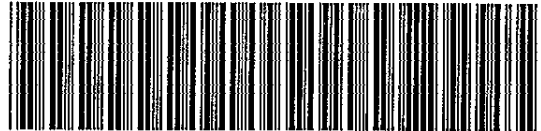
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**TRANSMITTAL LETTER
FOR LIMITED LIABILITY COMPANY**

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

SUBJECT: Minorities Council, LLC
(Proposed name of Limited Liability Company)

Enclosed are an original and one (1) copy of the articles of organization and a check for:

 x \$125.00
Articles of Organization
& Designation of Registered Agent

FROM: Rick Weaver
Name (Printed or typed)

3220 South US 1, Suite 5,
Address

Fort Pierce, Florida 34982
City, State & Zip

(772) 460-8200
Daytime Telephone Number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: Name:

The name of the Limited Liability Company is: Minorities Council, LLC

ARTICLE II: Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
3220 South US 1, Suite 5,
Fort Pierce, FL 34982

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

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

Rick Weaver
3220 South US 1, Suite 5,
Fort Pierce, Florida 34982

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 its 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 of registered agent as provided for in Chapter 608 F.S.




Registered Agent's Signature

ARTICLE IV: Management (Check if Applicable)

☒ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager- managed company.

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

(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.)



Type or printed name of signee

Filing Fees:\$100.00 Filing fee for Articles of Organization

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STATE OF FLORIDA
TALLAHASSEE