

L03000017980

Joshua & Karen Glenn
9144 Rockrose Drive
Tampa, Florida 33647

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

W03-13490

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

3P



100017909131

05/08/03--01066--014 **125.00

W25/19
03 MAY 19 PM 4:14
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 12, 2003

JOSHUA & KAREN GLENN
9144 ROCKROSE DRIVE
TAMPA, FL 33647

SUBJECT: GLENN FINANCIAL SERVICES, LLC
Ref. Number: W03000013490

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

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 303A00029046

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 19 PM 4:14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GLENN FINANCIAL SERVICES, LLC

ARTICLE II - Address:

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

9144 ROCKROSE DR., TAMPA, FLA. 33647

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

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

JOSHUA P. GLENN

Name

9144 ROCKROSE DR.

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

TAMPA

FL

33647

City, State, and Zip

I 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.

Joshua P. Glenn

Registered Agent's Signature

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

Karen A. Glenn

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.)

JOSHUA P. GLENN

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 19 PM 4:15