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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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104-3278

LLC

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN -9 PM 1:03

TRANSMITTAL LETTER

Department of State
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

SUBJECT:

John Coleman, LLC

(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30.

Please send one check for the total amount made payable to the Florida Department of State.

FROM:

John Coleman

Name (Printed or typed)

12486 Centennial St.

Address

Spring Hill, FL 34609

City, State & Zip

352-688-1658(H) (C) 584-2660

Daytime Telephone number

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

John Coleman, LLC

ARTICLE II - Address:

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

12486 Centennial St., Spring Hill, FL 34609

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

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

John Coleman
Name
12486 Centennial Street
Florida street address (P.O. Box **NOT** acceptable)
Spring Hill, FL 34609
City, State, and 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 608, F.S.

John Coleman
Registered Agent's Signature

Article IV - Management (Check box 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)

John Coleman
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.)

John Coleman
Typed or printed name of signer

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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

John Coleman, LLC

This is to certify that the above limited liability company is managed by its

☐ members

☒ managers

who are listed below and that each of them is authorized and empowered to transact business on behalf of the company.

Name

Address

John Coleman

12486 Centennial

Spring Hill, FL 34609

Date: 1-6-04

Name of company:

John Coleman LLC

By: John Coleman

Position: owner