

L04000008/57

TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

04 JUN 23 11:11:00

TALLAHASSEE, FL 32314

SUBJECT: Tactical Street Warrior 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:

Quinton S. Hollis  
(Name of Person)

Tactical Street Warrior LLC  
(Firm/Company)

2986 Noland St  
(Address)

MARIANNA FL 32446  
(City/State and Zip Code)

For further information concerning this matter, please call:

Quinton S. Hollis at ( 850 ) 573-0186  
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

GR JUNE 14 2000  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Tactical Street Warrior LLC

**ARTICLE II - Address:**

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

Principal Office Address:

2986 Noland St

MARIANNA FL 32446

Mailing Address:

2986 Noland St

MARIANNA FL 32446

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

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

Quinton S. Hollis

Name

2986 Noland St

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

MARIANNA

FLORIDA 32446

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, Florida Statutes..*

Quinton S. Hollis  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

QUINTON J. Hollis  
2986 Noland St  
MARIANNA FL 32446

MGRM

Brandy J. Hollis  
2986 Noland St  
MARIANNA FL 32446

MGRM

Robert Hillman Jr.  
1922 Fairview Ave  
Dothan AL 36301

MGRM

Steven Stewart II  
4844 DAVIS Dr.  
MARIANNA FL 32446

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Brandy J. Hollis  
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.)

Brandy J. Hollis  
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)

L04000008215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BPO University, 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:

Mukesh N. Patel  
(Name of Person)

BPO University LLC.  
(Firm/Company)

10116 Springtree Ct.  
(Address)

Tampa FL 33615  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mukesh N. Patel at (813) 882-0797  
(Name of Person) (Area Code & Daytime Telephone Number)

\$160 = check enclosed for filing fees + Designation of Registered agent + Certified copy + Certificate of status.

Thank you, Mukesh N. Patel  
Registered Agent

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BPO University, LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

10116 Springtree Ct.  
Tampa FL 33615

**Mailing Address:**

10116 Springtree Ct.  
Tampa, FL 33615

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

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

Mukesh N. Patel  
Name

10116 Springtree Ct  
Florida street address (P.O. Box **NOT** acceptable)

Tampa FLORIDA 33615  
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, Florida Statutes..*

Mukesh N. Patel  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

Manager

Mukesh N. Patel  
10116 Springtree Ct  
Tampa, FL 33615

Managing Member

Shashank Joshi  
10116 Springtree Ct.  
Tampa, FL 33615

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Mukesh N. Patel  
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.)

Mukesh N. Patel  
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)**