

L04000008650

(Requestor's Name)

(Address)

(Address)

(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



300027479283

02/02/04 -01003--004 **125.00

FILED

04 FEB -2 PM 12:57

STATE OF FLORIDA
TALLAHASSEE, FLORIDA 04 FEB -2 PM 12:53

STATE OF FLORIDA
TALLAHASSEE, FLORIDA 04 FEB -2 PM 12:53

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tommy Coroley & ASSOCIATES 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:

JAMES THOMAS Coroley III
(Name of Person)

Tommy Coroley & ASSOC.
(Firm/Company)

1247 Juniper RD.
(Address)

Quincy FL 32351
(City/State and Zip Code)

For further information concerning this matter, please call:

Tommy Coroley at (850) 519-0414
(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

FILED
04 FEB -2 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tommy Conoley & ASSOCIATES LLC

ARTICLE II - Address:

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

Principal Office Address:

1247 Juniper Rd.
Quincy, FL
32351

Mailing Address:

SAME

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

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

JAMES THOMAS Conoley III
Name

1247 Juniper Rd.
Florida street address (P.O. Box NOT acceptable)

Quincy FL 32351
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.

James Thomas Conoley III
Registered Agent's Signature

FILED
04 FEB -2 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(CONTINUED)

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:

MGRM

JAMES THOMAS Coolidge III
1247 Juniper RD.
Orlando, FL 32851

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

James Thomas Coolidge III
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.)

JAMES THOMAS Coolidge III
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)