

L04000014508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

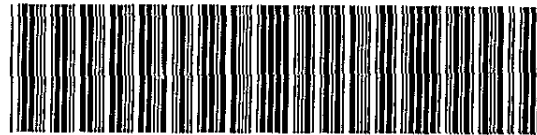
☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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DIVISION OF CORPORATIONS
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Sublet

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLMUN GROUP
(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:

BRANDON E. COLE
(Name of Person)

COLMUN GROUP
(Firm/Company)

6410 GULFPORT BLVD. S.
(Address)

ST. PETERSBURG, FL. 33707
(City/State and Zip Code)

For further information concerning this matter, please call:

BRANDON E. COLE at (727) 488-4504
(Name of Person) (Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 6, 2004

BRANDON E. COLE
COLMUN GROUP
6410 GULFPORT BLVD S.
ST PETERSBURG, FL 33707

SUBJECT: COLMUN GROUP
Ref. Number: W04000005247

We have received your document for COLMUN GROUP and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 704A00008392

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Colmun Group, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

6410 Gulfport Blvd. S.

Saint Petersburg, FL. 33707

same

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

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

Brandon E. Cole

Name

5235 37th Way S.

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

Saint Petersburg FLORIDA 33707

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..



Registered Agent's Signature

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DIVISION OF CORPORATIONS

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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

Brandon E. Cole

5235 37th Way S.

Saint Petersburg, FL. 33711

MGR

Brian L. Munch

6410 Gulfport Blvd. S.

Saint Petersburg, FL. 33707

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Brandon E. Cole

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.)

Brandon E. Cole

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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