

LO4000020948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

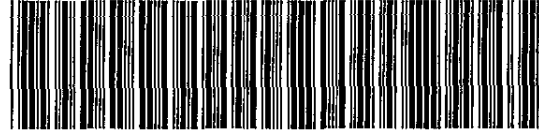
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100029997521

03/10/04--01037--011 **130.00

FILED
04 MAR 19 PM 2:17
TALLAHASSEE, FLORIDA

LO4-20948
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEST, 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:

RONALD HOGARTH

(Name of Person)

T&H COMPTROLLERS, INC.

(Firm/Company)

200 CAPRI ISLES BLVD., SUITE 2

(Address)

VENICE, FL 34292

(City/State and Zip Code)

For further information concerning this matter, please call:

RONALD HOGARTH

(Name of Person)

at (941) 484-4980

(Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 10 PM 2:17

FILED

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:

TEST, 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:

2140 ALAMANDER AVE.

SAME

ENGLISWOOD, FL 34223

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

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

T&H CONTROLLERS, INC.
Name

200 CARRI ISLES BLVD.
Florida street address (P.O. Box NOT acceptable)

VENICE, FLORIDA 34292
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 10 PM 2:17

FILED

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..

By: ROBERT P. HOGARTH, President
Registered Agent's Signature
ROBERT P. HOGARTH

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

GEORGE E. MARRIOTT, JR
2140 ALAMANDER AVE.
ENGLAND, FL 34223

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Alison A. Rustin

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.)

Alison A. Rustin

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) ✓

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 10 PM 2:17

FILED