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SECRETARY OF STATE
TALLAHASSEE, FL 32304

2004 MAY 10 P 3:48

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EASON, 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:

M. TIMOTHY FARRELL
(Name of Person)

GREGORY SHAREN STUART, P.A.
(Firm/Company)

100 - 2nd Ave So., Suite 600
(Address)

ST. PETERSBURG, FL 3370
(City/State and Zip Code)

For further information concerning this matter, please call:

M. Timothy Farrell at (727) 821-6161
(Name of Person) (Area Code & Daytime Telephone Number)

2009 MAY 10 P 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

EASON, LLC

ARTICLE II - Address:

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

Principal Office Address:

14055 - 46th St. No.
Suite 1105
CLEARWATER, FL 33762

Mailing Address:

14055 - 46th St. No.
Suite 1105
CLEARWATER, FL 33762

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

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

M. Timothy Farrell
Name

100-2nd Ave. So., Suite 600
Florida street address (P.O. Box **NOT** acceptable)

ST. PETERSBURG FLORIDA 33701
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..

M. Timothy Farrell
Registered Agent's Signature

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2011 MAY 10 P 3:49
TALLAHASSEE, FL 32301
SECRETARY OF STATE

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

~~MANAGER~~ MGRM

Name and Address:

RONALD EASON
14055 - 46TH ST. No. Suite 1105
CLEARWATER, FL 33762

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

X Ronald Eason
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.)

RONALD EASON
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)

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TALLAHASSEE, FLORIDA

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