

L04000051443

HAROLD E. REGAN

(Requestor's Name)

1017 THOMASVILLE RD
SUITE A

(Address)

TALLAHASSEE, FL

(Address)

32302

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

OVERHOLT ENTERPRISE
SERVICES, LLC

(Business Entity Name)

(Document Number)

Certified Copies 1

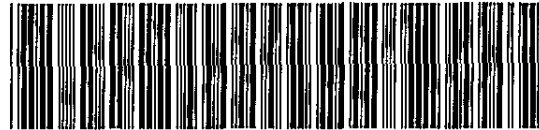
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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF REGISTRATION
04 JUL 12 PM 1:07

ARTICLES OF ORGANIZATION
OF OVERHOLT ENTERPRISE SERVICES, LLC

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04 JUL 12 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned Member hereby files these Articles of Organization in order to form a limited liability company ("the Company") under the laws of the State of Florida.

ARTICLE I.

Name

The name of the Company shall be OVERHOLT ENTERPRISE SERVICES, LLC.

ARTICLE II

Nature of Business

The Company may engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE III

Membership

The Company shall initially be composed of a single member, Duane M. Overholt. New members may be admitted upon unanimous consent of the members.

ARTICLE IV.

Management by the Members

Management of the Company is reserved to the Members. The initial Managing Member and his address are:

Duane M. Overholt
7408 Clearview Drive
Tampa, Florida 33634

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ARTICLE V

Duration of Company's Existence

The Company shall have perpetual existence, unless dissolved according to law.

ARTICLE VI

Address of Registered Office, Registered Agent and Principal Office

The address of the principal office of the Company in the State of Florida shall be 1017 Thomasville Road, Suite A, Tallahassee, Florida 32303. The Company may from time to time change the registered office to any other address in the State of Florida or change the registered agent. The mailing address of the Company shall be 1017 Thomasville Road, Suite A, Tallahassee, Florida 32303.

ARTICLE VIII.

Operating Agreement

If and when the Company is composed of more than one (1) member it shall be governed by the Company's Operating Agreement, and all Members are obligated, empowered and privileged by the terms and conditions of the Operating Agreement.

ARTICLE VIII

Amendment

These Articles of Organization may be amended in any manner upon the written application of the managing members.


IN WITNESS WHEREOF, the undersigned, being the original subscribing Members to the foregoing Articles of Organization have hereunto set their hands and seals this 29th day of June 2004.


Duane M. Overholt

(In accordance with Section 608.408(3), *Florida Statutes*, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE DESIGNATING REGISTERED AGENT AND
REGISTERED OFFICE**

In compliance with Florida Statutes Section 48.091 and 608.415, the following is submitted: OVERHOLT ENTERPRISES SERVICES, LLC desiring to organize as a limited liability company under the laws of the State of Florida, has designated 1017 Thomasville Road, Suite A, Tallahassee, Florida 32303, as its initial Registered Office and has named Harold E. Regan at said address, as its initial Registered Agent.

By: 
Duane M. Overholt

Having been named Registered Agent for the above stated Company, at the designated Registered Office, the undersigned here by accepts said appointment, and agrees to comply with the provisions of Florida Statutes Section 48.091 relative to keeping this office open.

/s/ HAROLD E. REGAN
Harold E. Regan



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 799859 83321A

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 155.00

FILED
04 JUL 12 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : July 12, 2004

ORDER TIME : 12:48 PM

ORDER NO. : 799859-005

CUSTOMER NO: 83321A

CUSTOMER: Mr. Ryan M. Layton
Harvey Waddell & Monahan

Suite 1
101 North J Street
Lake Worth, FL 33460

DOMESTIC FILING

NAME: TYLO L.L.C.

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____