

L04000065791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

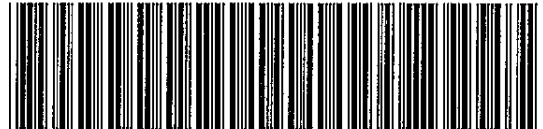
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100040565691

09/07/14 --01002--004 **125.00

RECEIVED
04 SEP -3 PM 4:30
DIVISION OF LOCATION
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED
04 SEP -3 PM 4:58

BR

(CLAUDE R. WALKER, ESQ.)
HUEY, GUILDAY & TUCKER, P.A.
P. O. BOX 12500
TALLAHASSEE, FL 32317-2500

Address

Attn: Julie
City/State/Zip

224-7091
Phone #

04 SEP - 3 34 PM '98
FILED
TALLAHASSEE, FLORIDA
Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Forgotten Profit LLC
(Corporation Name)

(Document #)

2. _____
(Corporation Name)

(Document #)

3. _____
(Corporation Name)

(Document #)

4. _____
(Corporation Name)

(Document #)

☒ Walk in
☐ Mail out

☒ Pick up time
☐ Will wait

Call Julie when
ready: 224-7091
☐ Photocopy

☐ Certified Copy
☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**ARTICLES OF ORGANIZATION FOR
FORGOTTEN PROFIT, LLC
FLORIDA LIMITED LIABILITY COMPANY**

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is Forgotten Profit, LLC.

ARTICLE II - Address:

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

Principal Office Address:

1708 Metropolitan Blvd.
Tallahassee FL 32308

Mailing Address:

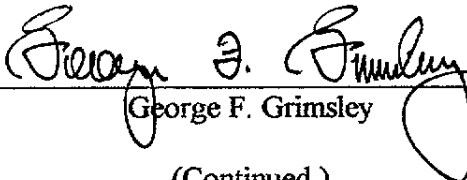
Same

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

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

George F. Grimsley
1708 Metropolitan Blvd.
Tallahassee FL 32308

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..



George F. Grimsley

(Continued)

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MRG" = Manager

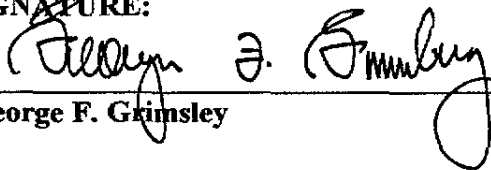
"MGRM" = Managing Member

Name and Address:

MRG

George F. Grimsley
1708 Metropolitan Blvd.
Tallahassee FL 32308

REQUIRED SIGNATURE:



George F. Grimsley

(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.)