

L04000066663

(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:

Name
Affiliation

Document

Number

DCC

Office Use Only

Attorney

DCC

Number

by

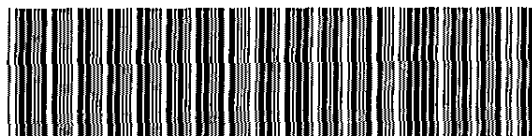
DCC

Provisional

DCC

W. P. Verifier

DCC



600040674886

03/10/04--01024--017 **125.00

FILED

04 SEP 10 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 SEP 10 PM 2:10

DEPT. OF STATE
DIVISION OF REGISTRATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIVING WAGE, 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:

ALLEN JOSEPH
(Name of Person)

LIVING WAGE, LLC
(Firm/Company)

P.O. Box 1145
(Address)

TALLAHASSEE, FL 32302
(City/State and Zip Code)

For further information concerning this matter, please call:

ALLEN JOSEPH at (850) 264-1805
(Name of Person) (Area Code & Daytime Telephone Number)

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

FILED
04 SEP 10 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LIVING WAGE, LLC

ARTICLE II - Address:

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

Principal Office Address:

LIVING WAGE, LLC
P.O. BOX 1145
TALLAHASSEE, FL 32302

Mailing Address:

LIVING WAGE, LLC
P.O. BOX 1145
TALLAHASSEE, FL 32302

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

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

CINDY BROWN
Name
1516 #C LIVE OAK DR.
Florida street address (P.O. Box NOT acceptable)
TALLAHASSEE FL 32301
City, State, and Zip

FILED
04 SEP 10 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Cindy Brown
Registered Agent's Signature

(CONTINUED)

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

ALLEN JOSEPH

P.O. Box 1145

TALLAHASSEE, FL 32302

MGRM

CINDY M. BROWN

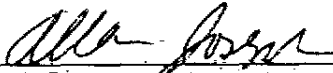
P.O. Box 1145

TALLAHASSEE, FL 32302

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

ALLEN JOSEPH

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 SEP 10 PM 2 14

FILED