

L04000067985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

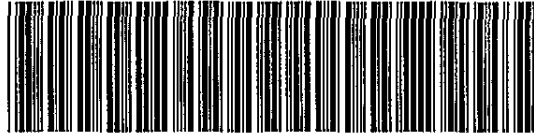
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/12/04--01003--020 **25.00

07/29/04--01011--003 **100.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

SEP 17 PM 3:22

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L04-67985
OK



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 30, 2004

ANGELINE O'BRYANT
P.O. BOX 62115
JACKSONVILLE, FL 32219

SUBJECT: THE TASK MEN
Ref. Number: W04000029259

We have received your document for THE TASK MEN and check(s) totaling \$100.00 of which \$100.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$25.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 204A00047933

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 SEP 17 PM 3:22

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 12, 2004

ANGELINE O'BRYANT
P.O. BOX 62115
JACKSONVILLE, FL 32219

SUBJECT: THE TASK MEN
Ref. Number: W04000029259

We have received your document for THE TASK MEN and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 204A00049917

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Task Men
(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:

Angeline B. O'Bryant
(Name of Person)

THE TASK MEN
(Firm/Company)

P.O. Box 62115
(Address)

Jacksonville, FL 32219
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (904) 924-9328
(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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE TASK MEN, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

5712 Finch Ave.
JACKSONVILLE, FL 32219

Mailing Address:

P.O. Box 62115
JACKSONVILLE, FL 32208

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

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

ANGELINE B. O'BRYEN
Name

5712 FINCH AVE

Florida street address (P.O. Box NOT acceptable)

JACKSONVILLE FL 32219
City, State, and Zip

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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.

Angeline B. O'Bryen
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:

MGR

Angeline B. O'Bryant
5712 Finch Ave
Jacksonville, FL 32219

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Angeline B. O'Bryant
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.)

ANGELINE B. O'BRYANT
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