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EFFECTIVE DATE
1-28-05

FILED
05 FEB -3 PM 12:43
TALLAHASSEE, FLORIDA

2-2-05

Transmittal Letter

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: STRIKEFORCE ONE, LLC

(Proposed Limited Liability Corporate name – must include suffix)

EFFECTIVE DATE

1-28-05

Enclosed is an original and one(1) copy of the articles of organization for Florida Limited Liability Company and a check for:

☐ \$125.00

Filing Fee

& Designated

Registered Agent.

☒ \$130.00

Filing Fee/RA

& Certificate of Status

☐ \$155.00

Filing Fee

& Certified Copy

☐ \$160.00

Filing Fee,

Certified Copy

& Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: CHARLES GRAY

Name (Printed or Typed)

4104 ANGEL WING COURT

Address

LUTZ, FL 33558

City, State & Zip

813-960-1606

Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

-ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: STRIKEFORCE ONE, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 4104 ANGEL WING CT LUTZ, FL 33558

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

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

CHARLES GRAY

Name

EFFECTIVE DATE

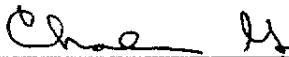
4104 ANGEL WING CT

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

LUTZ, FL 33558

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. F.S.



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

ARTICLE IV – Management (Check box if applicable.)

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager managed company.

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

TITLE

NAME & ADDRESS

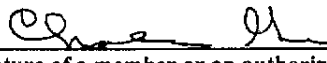
MGR

CHARLES GRAY

4104 ANGEL WING CT LUTZ, FL 33558

ARTICLE V – Effective Date

The Limited Liability Company requested effective date is January 28, 2005



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.)

CHARLES GRAY

Typed are printed name of signee

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