

105000032097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

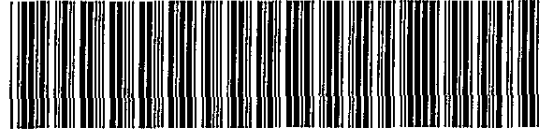
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

3/30 FL IC

Office Use Only



100048740111

03/30/05--01015---002 **125.00

FILED

FILED

05 MAR 30 PM 3:25

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A TRUST MANAGEMENT, 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:

DENNIS HARNISCH

(Name of Person)

A TRUST MANAGEMENT, LLC

(Firm Company)

318 - 7th AVENUE NORTH #50232

(Address)

JACKSONVILLE BEACH, FL 32250

(City State and Zip Code)

For further information concerning this matter, please call:

DENNIS HARNISCH

(Name of Person)

at (904) 207-4347

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A TRUST MANAGEMENT, LLC

ARTICLE II - Address:

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

Principal Office Address:

318- 7th AVENUE NORTH
50232
JACKSONVILLE BEACH,
FL 32250

Mailing Address:

P.O. Box 50232
JACKSONVILLE
FL 32240

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

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

DENNIS HARNISCH

Name

318-7th AVENUE NORTH #50232

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

JACKSONVILLE BEACH, FL 32250

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.

Dennis Harnisch

Registered Agent's Signature

(CONTINUED)

FILED
05 MAR 30 PM 2:25
TALLAHASSEE, FLORIDA

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

DENNIS HARNISCH
318-7th Avenue North
#50232 JACKSONVILLE
FL 32250

MGRM

NAILYA HARNISCH
318-7th Avenue North
#50232 JACKSONVILLE
FL 32250

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Dennis Harnisch
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.)

DENNIS HARNISCH
Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)