

W5000075638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status 1

Special Instructions to Filing Officer:

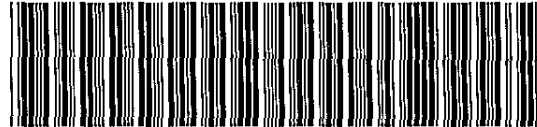
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Office Use Only



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W. HODGES

02/10/05--01053--018 **130.00

05/10/05 14:05

Transmittal Letter

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

SUBJECT: STRIKEFORCE ONE-A, LLC
(Proposed Limited Liability Corporate name – must include suffix)

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

<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy	<input type="checkbox"/> \$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

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 15, 2005

CHARLES GRAY
4104 ANGEL WING CT
LUTZ, FL 33558

SUBJECT: STRIKEFORCE ONE-A, LLC
Ref. Number: W05000008017

re submitted 3/20
FILE COPY
re submission 7/25/05
Per P. Harvey

We have received your document for STRIKEFORCE ONE-A, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have the entity name listed as STRIKEFORCE ONE-A, LLC on the transmittal letter, however in the articles, you have the name listed as STRIKEFORCE ONE, LLC. Please correct either the transmittal letter or the articles of organization.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 10, 2005. Please amend your document accordingly.

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) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 105A00010671

File
Strikeforce



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 4, 2005

CHARLES GRAY
4104 ANGEL WING CT
LUTZ, FL 33558

SUBJECT: STRIKEFORCE ONE-A, LLC
Ref. Number: W05000008017

We have received your document for STRIKEFORCE ONE-A, LLC and your check(s) totaling \$130.00. 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.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 4, 2005. Please amend your document accordingly.

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) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 705A00022750

-ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

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

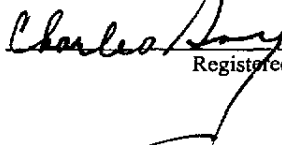
4104 ANGEL WING CT

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

05 JUL 29 PM 9:58

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

MGR

NAME & ADDRESS

CHARLES GRAY

4104 ANGEL WING CT LUTZ, FL 33558



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