

L050000096038

00789-02727-00671 Incorporated

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

L05000096038

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

9/29

FL LC

Office Use Only

105-20229



900050400519

04/18/05 --01032--013 \*\*125.00

M. HODGES

FILED

05 SEP 29 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 21, 2005

RHONDA M. MICHAUD  
TYLER INCORPORATED, LLC  
184 MARTESIA WAY  
INDIAN HARBOUR BEACH, FL 32937

SUBJECT: TYLER INCORPORATED, LLC  
Ref. Number: W05000020229

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

The name of the entity cannot include "INCORPORATED." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout 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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 305A00027479

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE TYLER COMPANY, 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:

RHONDA M. MICHAUD  
(Name of Person)

THE TYLER COMPANY, LLC  
(Firm/Company)

191 LANTERNBACK ISLAND DRIVE  
(Address)

SATELLITE BEACH, FL 32937  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael S. Cerow, CPA at ( 321 ) 242-2511  
(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

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

THE TYLER COMPANY, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

191 LANTERNBACK ISLAND DRIVE

SATELLITE BEACH, FL 32937

**Mailing Address:**

191 LANTERNBACK ISLAND DRIVE

SATELLITE BEACH, FL 32937

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

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

RHONDA M. MICHAUD

Name

191 LANTERNBACK ISLAND DRIVE

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

SATELLITE BEACH, FLORIDA 32937

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, Florida Statutes..*



Registered Agent's Signature

**FILED**  
05 SEP 29 PM 2:35  
SECRETARY OF STATE  
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

RHONDA M. MICHAUD

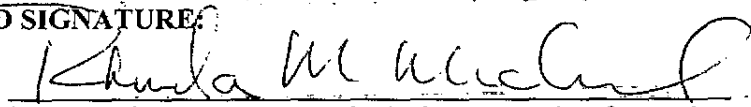
191 LANTERNBACK ISLAND DRIVE

SATELLITE BEACH, FL 32937

(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.)

RHONDA M. MICHAUD

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)