

20600026813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

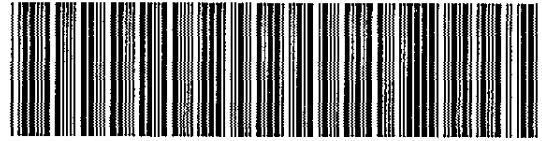
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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U3/08/06--01022--026 **130.00

SECTION 612 STATE
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

06 MAR -9 AM 11:33

FILED

3/14/08
[Signature]

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOMMY GLASSMIRE, LLC

(Proposed company name - must include suffix)

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

☐ \$125.00
Filing fee & Designation
of Registered Agent

☒ \$130.00
Filing Fee, Designation of
Registered Agent, &
Certificate of Status

☐ \$160.00
Filing Fee, Designation
of Registered Agent,
Certified Copy, &
Certificate of Status

Please return all correspondence concerning this matter to the following:

TOMMY GLASSMIRE
4888 MAGNOLIA AVE.
WINTER PARK, FL 32792

For Further information concerning this matter, please call: TOMMY GLASSMIRE at 407-247-9117.

Street Address:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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MAR-8 AM 11:3
RECEIVED
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

TOMMY GLASSMIRE, LLC

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: TOMMY GLASSMIRE, LLC

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 4888 Magnolia Ave., Winter Park, FL 32792.

ARTICLE III - REGISTERED AGENT

The registered agent of this company shall be:

NAME

ADDRESS

TOMMY GLASSMIRE

4888 MAGNOLIA AVE.
WINTER PARK, FL 32792

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.


TOMMY GLASSMIRE

FILED
06 MAR 28 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

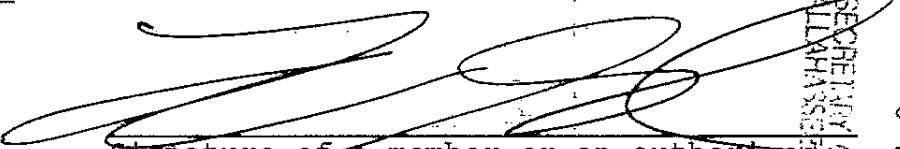
ARTICLE IV - MANAGEMENT

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

<u>Title:</u>	<u>Name and Address:</u>
Manager	TOMMY GLASSMIRE 4888 MAGNOLIA AVE. WINTER PARK, FL 32792

ARTICLE V - EFFECTIVE DATE

The effective date of the Limited Liability Company is requested to be March 09, 2006.


Signature of a member or an authorized representative of a member.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAR -8 AM 11:33

FILED

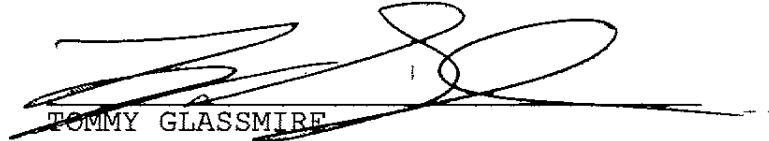
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Tommy Glassmire
Printed name of signee

Filing Fees:

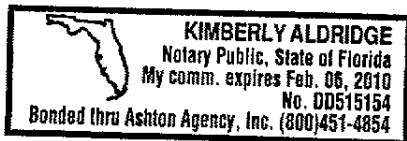
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

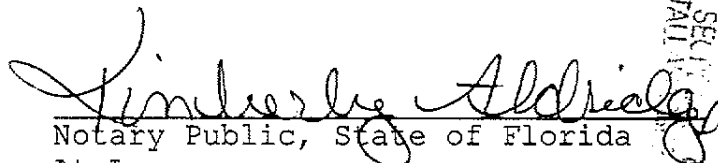
IN WITNESS WHEREOF, We have hereunto set our hands and seals, acknowledged and filed the foregoing Limited Liability Company under the laws of the State of Florida this 06th day of March, 2006.


TOMMY GLASSMIRE

STATE OF FLORIDA)
)
COUNTY OF SEMINOLE)

The foregoing instrument was acknowledged before me this 06th day of march, 2006, by TOMMY GLASSMIRE, who is personally known to me or who has produced driver's license as identification and who did take an oath.

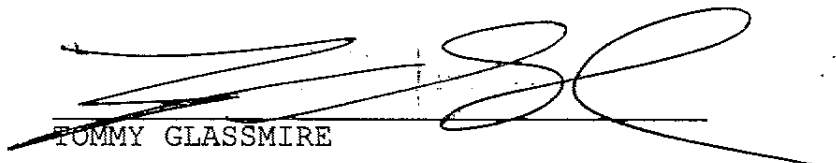



Notary Public, State of Florida
At Large

FILED
06 MAR - 8 AM 11:33
CLERK OF STATE
FLORIDA

FLDL#G425-804-60-417-0 My Commission Expires:

Having been named as Registered Agent and to accept Service of Process for the above-stated company at the place designated herein, 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.


TOMMY GLASSMIRE

DATE: 03/06/2006