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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Timmie Giles Financial, L.L.C.

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- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☒ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature _____

Requested by: *WC*

Name _____

Date *3/16*

Time *9:00*

Walk-In _____

Will Pick Up _____

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

ARTICLE I – NAME:

The name of the Limited Liability Company is:

**JIMMIE GILES FINANCIAL,
MORTGAGES & INSURANCE, L.L.C.**

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ARTICLE II – Address:

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

Principal Office Address:

Mailing Address:

324 N. Dale Mabry Hwy., Ste. 200
Tampa, FL 33609

324 N. Dale Mabry Hwy., Ste. 200
Tampa, FL 33609

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

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

J.R. Epperson, Esquire

Name

8401 J.R. Manor Dr., Ste. 100

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

Tampa, FL 33634-1400

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

(CONTINUED)

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

Himmie Giles

324 N. Dale Mabry Hwy., Ste. 200

Tampa, FL 33609

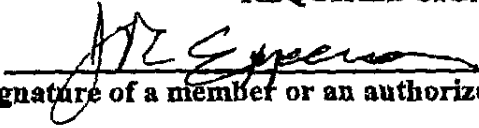
(Use attachment if necessary)

ARTICLE V – effective date

The effective date for this limited liability company shall be:

March 15, 2006

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.)

Joel R. Epperson

Typed or printed name of signee