

LO6000055203

(Requestor's Name)

Herrod Systems, LLC
125 South SR 7, Ste 104-114
West Palm Beach, FL 33411

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

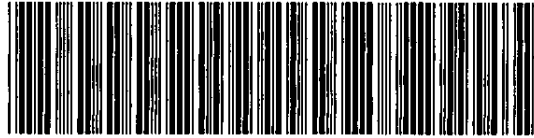
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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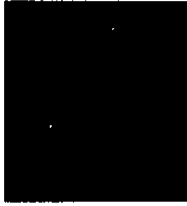
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06 MAY 24 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/30
[Signature]



TO: Registration Section
Division of Corporations

SUBJECT: Herrod Systems, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Herrod
Herrod Systems, LLC
125 SR7, Suite 104-114
West Palm Beach, FL 33411

For further information concerning this matter, please call:

Joseph Herrod at 561.827.3031

Enclosed is a check for the following amount:

\$130.00 Filing Fee and Certificate of Status

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06 MAY 24 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION
OF
HERROD SYSTEMS, LLC**

ARTICLE I – Name

The name of the Limited Liability Company is: Herrod Systems, LLC

ARTICLE II – Address

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


125 SR7, Suite 104-114
West Palm Beach, FL 33411

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

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

Joseph L. Herrod
1275 Pebble Ridge Lane
West Palm Beach, FL 33411

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 in Chapter 608, Florida Statutes.



Joseph L. Herrod

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06 MAY 24 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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.)

Joseph L. Herrod

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)

FILED
06 MAY 24 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA