

01/05

Division of Corporations

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Florida Department of State

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To:

Division of Corporations
Fax Number : (850)205-0383

FROM:

Account Name : LAW OFFICE OF DANIEL C. PERRI
Account Number : I20040000119
Phone : (850)651-3011
Fax Number : (850)651-3306

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Wayne Montgomery, CPA, P.L.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION
WAYNE MONTGOMERY, CPA, P.L.

The undersigned subscriber, who is a duly licensed certified public accountant in the State of Florida, hereby forms a professional limited liability company in accordance with the Florida Professional Service Corporation and Limited Liability Company Act, and under the laws of the State of Florida, Florida Statutes, Chapter 621 as follows:

ARTICLE I
NAME

The name of this professional limited liability company shall be WAYNE MONTGOMERY, CPA, P.L..

ARTICLE II
DURATION

This professional limited liability company shall exist no longer than thirty (30) years from the date of filing with the Department of State.

ARTICLE III
PURPOSE AND POWERS

This professional limited liability company is organized for the purpose of conducting professional CPA practice, together with all actions incident thereto. This professional limited liability company shall have all powers enumerated in Chapter 621 mentioned above.

ARTICLE IV
PRINCIPAL OFFICE AND MAILING ADDRESS

The principal place of business of the professional limited liability company is at 345 Sharon Drive, Niceville, Florida 32578. The mailing address of the professional limited liability company is 345 Sharon Drive, Niceville, Florida 32578.

ARTICLE V
INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this professional limited liability company is 4 Eleventh Avenue, Suite One, Shalimar, Florida 32579 and the name of the initial registered agent at that address is DANIEL C. PERRI.

ARTICLE VI
CAPITAL

The capital of the professional limited liability company that will be contributed shall be the sum of One Thousand Dollars (\$1,000.00):

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TALLAHASSEE, FLORIDA

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ARTICLE VII
MANAGEMENT

The name and address of the manager of the professional limited liability company is as follows:

Wayne Montgomery
345 Sharon Drive
Niceville, Florida 32578

Management shall be by all persons or authorized representatives thereof above named, with majority vote controlling.

ARTICLE VIII
INITIAL MEMBERS

The name and address of the initial member of this professional limited liability company is as follows:

Wayne Montgomery
345 Sharon Drive
Niceville, Florida 32578

ARTICLE IX
ADDITIONAL MEMBERS

The sole member of the professional limited liability company shall have the right to admit additional members upon unanimous written consent of all the member(s) of the company existing at that time.

ARTICLE X
DISSOLUTION

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of any member of this professional limited liability company or the occurrence of any other event which terminates the continued membership of a member of the professional limited liability company, the professional limited liability company shall be terminated unless the business is continued by the consent of all remaining members.

ARTICLE XI
TRANSFER OF INTEREST

A member may transfer that member's right to receive shares of profits and returns of capital contributions, but may not assign any of the rights to participate in the management or to be a member of the professional limited liability company unless prior written consent is obtained by the transfer or from all remaining members.

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TALLAHASSEE, FLORIDA

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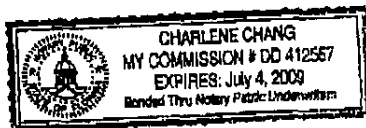
IN WITNESS WHEREOF, the undersigned, being the member hereinbefore named, has hereunto set his hand and seal on this the 20 day of March, 2007, for the purpose of forming a professional limited liability company to do business both within and without the State of Florida and do make and file in the Office of the Secretary of State of Florida these Articles of Organization and certify that the facts herein stated above are true.

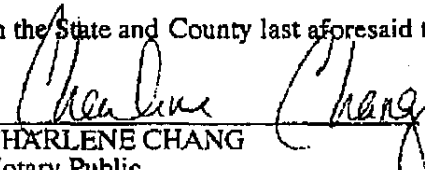

WAYNE MONTGOMERY
Sole Member

STATE OF FLORIDA
COUNTY OF OKALOOSA

The foregoing instrument was executed and acknowledged before me this 20 day of March, 2007, by **WAYNE MONTGOMERY**, who personally appeared, who is personally known to me or who produced a driver's license as identification and who did not take an oath.

WITNESS my hand and official seal in the State and County last aforesaid this 20 day of March, 2007.




CHARLENE CHANG
Notary Public
My commission expires: 07/04/2009

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TALLAHASSEE
FLORIDA
SECRETARY OF STATE

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS
OR DOMICILE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT UPON
WHOM PROCESS MAY BE SERVED**

Pursuant to Sections 621.13 and 608.415, Florida Statutes, the following is submitted: WAYNE MONTGOMERY, CPA, P.L., desiring to organize under the laws of the State of Florida with its principal place of business at 345 Sharon Drive, Niceville, Florida 32578, has named DANIEL C. PERRI as its agent to accept service of process within the State of Florida and whose office address is 4 Eleventh Avenue, Suite One, Shalimar, Florida 32579.


WAYNE MONTGOMERY
Member

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Having been named to accept service of process for the above named professional limited liability company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all Florida Statutes relative to the proper and complete performance of my duties.


DANIEL C. PERRI
Registered Agent

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