

L07000043450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900095470369

04/09/07--01008--002 **35.00

04/25/07--01004--003 **90.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 APR 24 PM 4:07

W07-17567
J. BRYAN APR 10 2007

JB



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2007

THOMAS E. COPPS
10718 TROPICAL MOON COURT
ESTERO, FL 33928

SUBJECT: TEC CONSULTING SERVICES
Ref. Number: W07000017567

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We have received your document for TEC CONSULTING SERVICES and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$90.00.

Can't reserve name, you would just file the Articles of Organization to register the LLC,

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 507A00024150

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEC CONSULTING SERVICES
(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:

THOMAS EDWARD COPPS
(Name of Person)

TEC CONSULTING SERVICES
(Firm/Company)

10718 TROPICAL MOON COURT
(Address)

LESTERO, FLORIDA 33928
(City/State and Zip Code)

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For further information concerning this matter, please call:

THOMAS E. COPPS at (239) 949 4963
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TEC CONSULTING SERVICES LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

10718 TROPICAL MOON CT.
LESTERO, FLORIDA 33928

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

THOMAS E Capps
Name

10718 TROPICAL MOON CT
Florida street address (P.O. Box **NOT** acceptable)
LESTERO FL FL 33928
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 (REQUIRED)

(CONTINUED)

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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:

MGR

THOMAS E Capps
10718 TROPICAL MOON CT
ESTERO, FL 33928

MGR1

SUZANNE P Capps
10718 TROPICAL MOON CT
ESTERO FL 33928

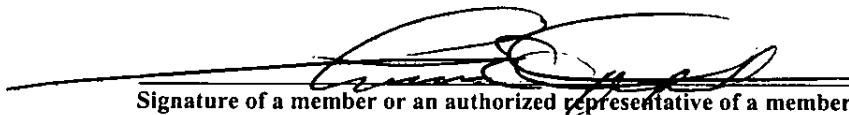
(Use attachment if necessary)

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ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

THOMAS E Capps
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)