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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UNUM TACTUS SOLUTIONS, LLC  
(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:

DONALD PETERSON  
(Name of Person)

UNUM TACTUS SOLUTIONS, LLC  
(Firm/Company)

P.O. BOX 520484  
(Address)

LONGWOOD, FL. 32752-0484  
(City/State and Zip Code)

For further information concerning this matter, please call:

DONALD PETERSON at ( 407 ) 383-2817  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2007

DONALD PETERSON  
P.O. BOX 520484  
LONGWOOD, FL 32752-0484

SUBJECT: UNUM TACTUS SOLUTIONS, LLC  
Ref. Number: W07000012462

We have received your document for UNUM TACTUS SOLUTIONS, LLC and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6967.

Leslie Sellers  
Document Specialist

Letter Number: 607A00017640



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 23, 2007

DONALD PETERSON  
P.O. BOX 520484  
LONGWOOD, FL 32752-0484

SUBJECT: UNUM TACTUS SOLUTIONS, LLC  
Ref. Number: W07000012462

We have received your document for UNUM TACTUS SOLUTIONS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6967.

Leslie Sellers  
Document Specialist

Letter Number: 007A00035847

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

UNUM TACTUS SOLUTIONS, 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:**

DAVID K. PERAZA  
\_\_\_\_\_  
\_\_\_\_\_

**Mailing Address:**

P.O. BOX 520484 LONGWOOD FL 32752  
302 BLACKWATER PLACE  
LONGWOOD FL 32750

### 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:

KEITH WHEELER  
\_\_\_\_\_  
Name

2145 SOUTH KIRKMAN RD, #183  
\_\_\_\_\_  
Florida street address (P.O. Box NOT acceptable)

ORLANDO FL 32811  
\_\_\_\_\_  
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..*

Keith Wheeler  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

**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

KEITH WHEELER  
2145 SOUTH KIRMAN RD, #183  
ORLANDO, FL 32811

MGRM

DONALD R. PETERSON  
P.O. Box 520484  
LONGWOOD FL 32752

302 BLACKWATER PLACE  
LONGWOOD FL 32750

(Use attachment if necessary)

**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:**

Keith Wheeler  
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.)

KEITH WHEELER  
Typed or printed name of signer

**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)

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TALLAHASSEE, FLORIDA