

L070000109870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000110825910

10/17/07--01048--003 **155.00

EFFECTIVE DATE
10/12/07

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 17 PM 5:00

W07-51731
J. BRYAN OCT 18 2007

JB



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2007

OLIVIA JUNE HINES
6112 N.W. DAROCO TERRACE
PORT ST. LUCIE, FL 34986

SUBJECT: TREASURE COAST FILED SERVICES LLC
Ref. Number: W07000051731

FILED
SECRETARY OF CORPORATIONS
07 OCT 17 PM 5:00

We have received your document for TREASURE COAST FILED SERVICES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We didn't receive the 2nd page of application listing managers/managing members, signed by a member.,

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
Regulatory Specialist II

Letter Number: 307A00061409

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TREASURE COAST FIELD SERVICES 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:

OLIVIA JUNE HINES

(Name of Person)

(Firm/Company)

6112 N.W. DARCO TERRACE

(Address)

PORT ST. LUCIE FLORIDA 34986

(City/State and Zip Code)

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
OCT 17 PM 5:00

For further information concerning this matter, please call:

OLIVIA JUNE HINES at (772) 626-9133

(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
OCT 17 PM 5:00

ARTICLE I - Name:

The name of the Limited Liability Company is:

TREASURE COAST FIELD 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:

6112 N.W. DAROCO TERRACE
PORT ST. LUCIE, FL 34986

6112 N.W. DAROCO TERRACE
PORT ST. LUCIE
FLORIDA 34986

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:

EFFECTIVE DATE
10/12/07

KRAIG E. O. RUSSELL

Name

16351 OLD ASH LOOP

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

ORLANDO, FLORIDA 32828

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..

Kraig Russell

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

OLIVIA JUNE HINES
6112 N.W. DAROCO TERRACE
PORT ST. LUCIE, FL. 34986

MGRM

KOREY .D. A. RUSSELL
6112 N.W. DAROCO TERRACE
PORT ST. LUCIE, FL. 34986

MGRM

KRAIG E. O. RUSSELL

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/12/07 (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.)

OLIVIA JUNE HINES

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 17 PM 5:00