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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

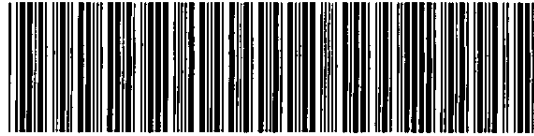
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TALLAHASSEE, FLORIDA

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T. CLINE

OCT 21 2008

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Phillips' Accounting and Tax Service, 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:

Ann Marie Phillips  
(Name of Person)

Phillips' Accounting and Tax Service, LLC  
(Firm/Company)

2955 Poplar Avenue  
(Address)

Leesburg, FL 34748-6499  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ann Marie Phillips at (352) 638-8816  
(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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I – Name:

The name of the Limited Liability Company is:

**Phillips' Accounting & Tax Service, LLC**

### ARTICLE II – Address:

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

**Principal Office Address:**

**2955 Poplar Avenue**

**Leesburg, FL 34748**

**Mailing Address:**

**2955 Poplar Avenue**

**Leesburg, FL 34748**

### ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

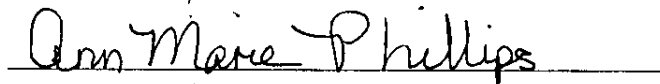
The name and the Florida street address of the registered agent are:

**Ann Marie Phillips**

**2955 Poplar Avenue**

**Leesburg, Florida 34748**

*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:**

**Manager**

**Name and Address:**

**Ann Marie Phillips**

**2955 Poplar Avenue**

**Leesburg, FL 34748**

**ARTICLE V – Effective date, if other than the date of filing: October 15, 2008.**

**SIGNATURE:**

Ann Marie Phillips

**Signature of member or authorized representative**

**(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.)**

Ann Marie Phillips

**Typed name of signee**

**FILED**

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TALLAHASSEE, FLORIDA**