

L08000105254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

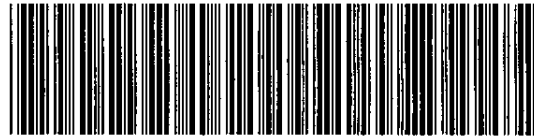
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

NOV 12 2008

EXAMINER

80585-8007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACT Management 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:

Thomas A Corlett
(Name of Person)

(Firm/Company)

104 Triano Circle

(Address)

Venice, FL 34292

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas A Corlett at (310) 8047606
(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

10 November 2008

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: DOCUMENT # P04000157458 – ACT MANAGEMENT INC.

I, James and Linda Carroll, Directors and Registrants of the corporation name, ACT MANAGEMENT INC. - Document Number P04000157459 HEREBY STATE WE HAVE NO INTENTION OF REINSTATING SAID CORPORATION NAME and HEREBY RELEASE THE NAME FOR USE BY ANOTHER ENTITY.

Respectfully submitted,

James Carroll
JAMES CARROLL – PRINT NAME

James Carroll
JAMES CARROLL – SIGN NAME

Linda Carroll
LINDA CARROLL – PRINT NAME

Linda Carroll
LINDA CARROLL – SIGN NAME



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 NOV 10 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 22, 2008

THOMAS A CORLETT
104 TRIANO CIR
VENICE, FL 34292

SUBJECT: ACT MANAGEMENT LLC
Ref. Number: W08000048508

We have received your document for ACT MANAGEMENT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P04000157459 (ACT MANAGEMENT, INC).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 308A00054634

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ACT Management LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

104 Triano Circle
Venice, FL
34292

Mailing Address:

104 Triano Circle
Venice, FL
34292

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 A Corlett
Name

104 Triano Circle
Florida street address (P.O. Box **NOT** acceptable)
Venice, FL 34292
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.

Thomas A. Corlett
Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

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(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

MGRM

Name and Address:

Thomas A Corlett
104 Triano Circle
Venice, FL 34292

(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:

Thomas A. Corlett

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 A Corlett

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)

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TALLAHASSEE, FLORIDA

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