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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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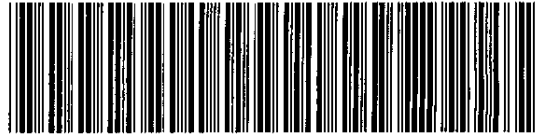
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN - 2 AM 11:35

T. HAMPTON

JUN - 3 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Robert E. Holley, CPA, P.L.
(Name of Professional 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:

Robert E. Holley

(Name of Person)

(Firm/Company)

1950 Forked Creek Drive

(Address)

Englewood, FL 34223

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert E. Holley at (941) 460-1684

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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: PROFESSIONAL LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Professional Limited Liability Company is:

Robert E. Holley, CPA, P.L.

(Must end with the words "professional limited company" or the abbreviation "P.L.")

ARTICLE II - Address:

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

Principal Office Address:

1950 Forked Creek Drive

Englewood, FL 34223

Mailing Address:

1950 Forked Creek Drive

Englewood, FL 34223

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

(The 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:

Robert E. Holley

Name

1950 Forked Creek Drive

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

Englewood

FL 34223

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..

Robert E. Holley

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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09 JUN - 2 AM 11:35

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

Robert E. Holley

1950 Forked Creek Drive

Englewood, FL 34223

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 27, 2009. (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.)

ARTICLE VI PURPOSE

For the purpose of accounting and tax service

Robert E. Holley

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.)

Robert E. Holley

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)