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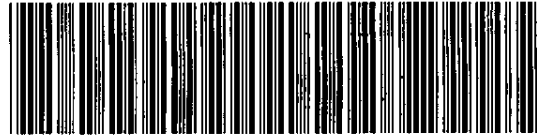
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2009 OCT 19 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

OCT 20 2009

EXAMINER

TRANSMITTAL LETTER

October 15, 2009

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

**SUBJECT: TOM DUVALL, LLC**

Enclosed please find an original and one (1) copy of the articles of incorporation for the above limited liability company.

Also enclosed is a check for one hundred and twenty -five dollars (\$125.00) to cover filing fee and designation of Registered Agent.

FROM:

RICHARD CAMP, CPA, PA  
Name

6817 Southpoint Parkway, Suite 2201  
Address

Jacksonville, Florida 32216  
City, State, Zip

(904) 281-9924  
Telephone number

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name**

***The name of the Limited Liability Company is: TOM DUVALL, LLC***

**ARTICLE II – Address of Principal Office:**

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

**6817 SOUTHPOINT PARKWAY #2201, JACKSONVILLE, FL 32216**

**ARTICLE III – Mailing Address of Limited Liability Company:**

The mailing address of the Limited Liability Company is:

**6817 SOUTHPOINT PARKWAY #2201, Jacksonville, FL 32216**

**ARTICLE IV – Registered Agent, Registered Office & Registered Agent's Signature**

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

**RICHARD CAMP, CPA**

Name

**6817 Southpoint Parkway, Suite 2201**

Florida street address (P. O. Box not acceptable)

**JACKSONVILLE, FL 32216**

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 completed 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.*

**RICHARD CAMP, CPA**

By: 

Richard Camp, Authorized Signatory

Date: 10/15/2009

**ARTICLE V – Management (Check box if applicable)**

☒ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager – managed company.

  
**Signature of a member or an authorized representative of a member**

, 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.)

**THOMAS T. DUVALL**

Typed or printed name of signee

**FILED**  
**2009 OCT 19 AM 11:31**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**FILING FEES**

**\$100.00 Filing Fee for Articles of Organization**

**\$25.00 for Designation of Registered Agent**

**\$30.00 for Certified Copy (OPTIONAL)**

**\$5.00 for Certificate of Status (OPTIONAL)**