

L09000107541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

Certificates of Status 1

Special Instructions to Filing Officer:

Office Use Only



600162477716

11/06/09--01003--015--*160.00

B. KOHR

NOV 9 2009

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -6 AM 9:51

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: WORTHMANN AND WORTHMANN, 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:

LUCILLE WORTHMANN

Name of Person

Firm/Company

4009 WEST CTY RD 232

Address

BELL, FL 32619

City/State and Zip Code

lucy@comforttemp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lucy Worthmann

Name of Person

at (352) 376-2366

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -6 AM 9:51

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WORTHMANN AND WORTHMANN, LLC.

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -6 AM 9:51

ARTICLE II - Address:

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

Principal Office Address:

4009 WEST CTY RD 232

BELL, FL 32619

Mailing Address:

4009 WEST CTY RD 232

BELL, FL 32619

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:

Douglas Bowdoin, PA

Name

255 S. Orange Avenue, Suite 800 Citrus Ctr.

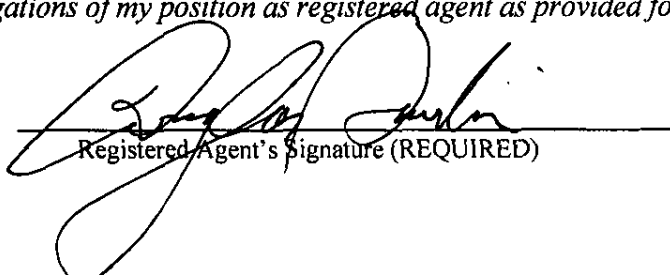
Florida street address (P.O. Box **NOT** acceptable)

Orlando, FL 32801

FL

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Thomas Worthmann

4009 WEST CTY RD 232

BELL, FL 32619

MGRM

Lucille Worthmann

4009 WEST CTY RD 232

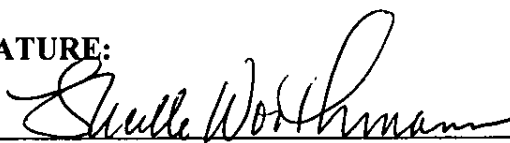
BELL, FL 32619

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/06/2009 (OPTIONAL)

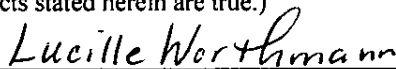
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)



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)