

L09000109989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700162655257

11/13/09--01038--005 **130.00

FILED

09 NOV 13 AM 11:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

D. BRUCE

NOV 16 2009

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Voltranex Financial and Computer Technology Services 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:

JOSEPH QUANSAH

Name of Person

Firm/Company

952-52 COURTYARD LANE

Address

ORLANDO, FL 32825

City/State and Zip Code

JOQKWAN@GMAIL.COM

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

FILED
09 NOV 13 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JOSEPH QUANSAH

Name of Person

at (419)

5751032

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Voltranex Financial and Computer Technology Services 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:

952-52 COURTYARD LANE,
ORLANDO FL 32825

Mailing Address:

952-52 COURTYARD LANE
ORLANDO FL 32825

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:

JOSEPH QUANSAH

Name

952-52 COURTYARD LANE

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

ORLANDO, FL 32825 FL

City, State, and Zip

FILED
09 NOV 13 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGRM

JOSEPH QUANSAH
952-52 COURTYARD LANE
ORLANDO FL 32825

MGRM

JOSEPH NYEDUALA
952-52 COURTYARD LANE
ORLANDO FL 32825

MGRM

STEPHANIE SAKYI
103 ROMAN CIRCLE, UNIT B
HEWITT TX. 76643

MGRM

JOSEPHINE NYEDUALA
952-52 COURTYARD LANE
ORLANDO FL 32825

(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:



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.)

JOSEPH NYEDUALA

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)

FILED
09 NOV 13 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA