

L10 0000 20887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

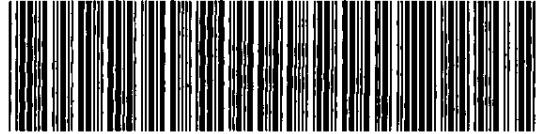
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200167265702

02/23/10--01029--029 **160.00

2010 FEB 23 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

FEB 24 2010

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Intelligent Customer Evolution
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:

Scott Matirne
Name of Person

Intelligent Customer Evolution
Firm/Company

261 Belleair Dr NE
Address

St. Petersburg, FL 33704
City/State and Zip Code

smatirne@hotmail.com
E-mail address: (to be used for future annual report notification)

2010 FEB 23 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Scott Matirne at (727) 482-4372
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Intelligent Customer Evolution 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:

Intelligent Customer Evolution
261 Belleair Dr NE
St. Petersburg, FL 33704

Mailing Address:

Intelligent Customer Evolution
261 Belleair Dr NE
St. Petersburg, FL 33704

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 other business entity with an active Florida registration.)

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

Scott Matirne

Name

261 Belleair Dr NE

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

St. Petersburg, FL 33704

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..

Scott Matirne

Registered Agent's Signature (REQUIRED)

2010 FEB 23 AM 11:33
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Scott Matirne

261 Belleair Dr NE

St. Petersburg, FL 33704

MGRM

Kirk Berendes

P.O. Box 187

Terra Ceia, FL 34250

MGRM

Phillip Gilliam

624 Wells Court

Clearwater, FL 33756

(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.)

Scott Matirne

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)

2010 FEB 23 AM 11:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED