

L10000070018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

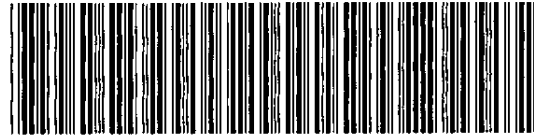
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/01/10---01008---013 **160.00

FILING CANCELLED
RETURNED CHECK

RECEIVED
10 JUL - 1 PM 2:12
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
10 JUL - 1 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

JUL 1 2010

EXAMINER

E. I. N. 32-0219323

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHARLES W. JOHNSON & ASSOCIATES, 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:

CHARLES W. JOHNSON

Name of Person

CHARLES W. JOHNSON & ASSOCIATES, LLC

Firm/Company

2110 W. KATHLEEN STREET

Address

TAMPA, FLORIDA 33607

City/State and Zip Code

bm26Charlie@gmail.com

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

For further information concerning this matter, please call:

Charles W. Johnson

Name of Person

at (813) 850-3586

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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

FILING CANCELLED
RETURNED CHECK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHARLES W. JOHNSON & ASSOCIATES, 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:

2110 W. KATHLEEN STREET

TAMPA, FLORIDA 33607

Mailing Address:

2110 W. KATHLEEN STREET

TAMPA, FLORIDA 33607

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:

Charles W. Johnson

Name

2805 REDWING COURT

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

TAMPA, FL 33610

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)

FILED
10 JUL -1 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CHARLES W. JOHNSON

2805 REDWING COURT

TAMPA, FLORIDA 33610

MGRM

DeWAYNE FORD

3902 W. LASALLE STREET

TAMPA, FLORIDA 33607

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL -1 PM 2:27

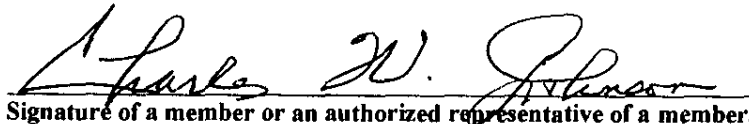
FILED

(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.)

CHARLES W. JOHNSON

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)