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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

JUL 13 2010

EXAMINER

## COVER LETTER

✓ TO: Registration Section  
Division of Corporations

SUBJECT: Ideal Appeal  
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:

Robert Micah Noland

Name of Person

Ideal Appeal

Firm/Company

216 W. Linebaugh Ave.

Address

Tampa, Fla., 33612

City/State and Zip Code

idealappeal.fl@gmail.com

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

For further information concerning this matter, please call:

Robert Noland

Name of Person

at ( 813 ) 365-1975

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

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TALLAHASSEE, FLORIDA

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Ideal Appeal, 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:

216 W. Linebaugh Ave  
Tampa, Fla. 33612

### Mailing Address:

216 W. Linebaugh Ave  
Tampa, Fla. 33612

## 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:

Robert Micah Noland  
Name

216 W. Linebaugh Ave  
Florida street address (P.O. Box NOT acceptable)

Tampa, FL, 33612  
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..*

R. Micah Noland  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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

Robert M. Noland  
26066 Sawgrass Ct.  
Land O' Lakes, FL 34639

MGRM

Betty Angladi  
216 W. Linebaugh  
Tampa, FL 33612

MGRM

Donald Brass  
26066 Sawgrass Ct.  
Land O' Lakes, FL 34639

MGRM

Rhonda Costley  
26066 Sawgrass Ct.  
Land O' Lakes, FL 34639

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 7/5/10 (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.)

FILED  
JUL 12 2010  
CLERK OF STATE  
TREASURY DEPARTMENT  
TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**

R. M. Noland  
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.)

Robert Micah Noland  
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)