

L100000087121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

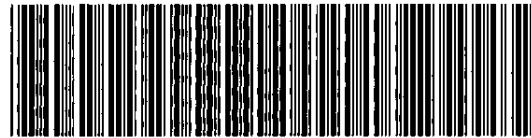
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AUG 19 2010

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08/17/10--01006--017 **130.00

FILED
10 AUG 17 AM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

• **PAT GUERNSEY, CPA**

PAT GUERNSEY ACCOUNTING SERVICES, INC.
Member American Society of Accountants

P. O. BOX 195549
WINTER SPRINGS, FL 32719-5549
PHONE (407) 365-2936
FAX (407) 365-1669

August 3, 2010

Secretary of State
Florida Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Overnight Delivery:
409 E. GAINES STREET
TALLAHASSEE, FL 32399

Dear Madam/Sir:

Enclosed for filing are **two executed copies** of the Articles of Organization for:
acceptance of appointment for:

A MEDIOCRE TIME WITH TOM AND DAN, LLC

Please file document and return a filed copy and certificate status of the Articles of Organization to the address above.

A check for **\$130.00** is enclosed; \$125 for registration and \$5 for a certificate of status.



PAT GUERNSEY
Certified Public Accountant

ARTICLES OF ORGANIZATION
OF
A MEDIOCRE TIME WITH TOM AND DAN, LLC.

I, the undersigned, being the Member and Organizer of the Limited Liability Company hereby being formed under Chapter 608 of the Florida Statutes, does hereby adopt the following Articles of Organization for the Limited Liability Company under the laws of the State of Florida.

ARTICLE I: NAME

The name of this Limited Liability Company shall be:

A MEDIOCRE TIME WITH TOM AND DAN, LLC

ARTICLE II: ADDRESS

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

**1042 ANGORA STREET
DELTONA, FL 32725**

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE, AND
REGISTERED AGENT SIGNATURE

The name and street address of the registered agent are:

**THOMAS C. VANN II
1042 ANGORA STREET
DELTONA, FL 32725**

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.


THOMAS C. VANN II

8-12-2010
Date

FILED
10 AUG 17 AM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV: MANAGER(S) OR MANAGING MEMBER(S)

The name and address of the Member and Managing Member are:

**THOMAS C. VANN II
1042 ANGORA STREET
DELTONA, FL 32715**

IN WITNESS WHEREOF, the undersigned has executed and acknowledged these
Articles of Organization at **DELTONA**, Florida, for the uses and

purposes aforesaid, this 12 day of Aug, 2010.



THOMAS C. VANN II