L10000/a/659

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
(
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
NOV 2 3 2010
EXAMINER
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2010 NOV 22 PH 4: 1.1 SEURETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration S Division of Co			
SUBJ	ECT: Towns	send & Associate	es LLC	
		Name of Limit	ed Liability Company	
		f Organization and fee(s) are	-	
Please	e return all corresp	ondence concerning this matt	ter to the following:	
	Ronald T	ownsend		灵 。 28
			Name of Person	
	Townsen	d & Associates L	LC	20110 NOV 2 SECRETAL PALLAHAS
	-		Firm/Company	7 2 3 7 9 9 9
	13440 FII	sworth Lane		
	10110 211	OHOTHI LUITO	Address	<u> </u>
				æ. 16
	Jacksonvill	e, Florida 32225	(a	
	roncond@b		y/State and Zip Code	
	ronsend@b		for future annual report notification)	
For fu	orther information	concerning this matter, please	e call:	
Ron	ald Townser	nd	at (904) 465-1728 or	904-220-0026
	Name	of Person	Area Code & Daytime Telepho	
Enclo	osed is a check fo	or the following amount:		
\$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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 Circ Tallahassee, FL 32301	cle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

Townsend & 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:	Mailing Address:		
13440 Ellsworth Lane	13440 Ellsworth Lane		
Jacksonville, Florida 32225	Jacksonville, Florida 32225		
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres Ronald Townse	own Registered Agent. You must designate an indivo	ridual or another 2010 NO	<u>. 10</u>
	Name	V 22 TARY ASSE	
13440 Ellsw	orth Lane	PH OF S	П
Florid	a street address (P.O. Box NOT acceptable)	ORATE IS	
Jacksonville, Florid	da 32225 _{FL}	京市 元	
	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)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Ronald Townsend	2010 NOV 22 PH TO THE SECURE TARKE FALLAHAS BE EN FLORIDA
	13440 Ellsworth Lane	
	Jacksonville, Florida 32225	
		53
		——————————————————————————————————————
		<u>"</u>
		
(Use attachment if necessary)		
(Ose attachment if necessary)		
LE V: Effective date, if other than the	date of filing:	. (OPTIONAL)
ffective date is listed, the date must b	e specific and cannot be more than	i five business days r
days after the date of filing.)	<u>-</u>	
· ·		

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Ronald Townsend

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)