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Effective Date 08/01/11

08/08/11--01045--010 **160.00

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11 AUG - 8 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG - 9 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Task Busters 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:

Ann Brackenbury

Name of Person

Task Busters LLC

Firm/Company

2181 SW 129th Ave

Address

Miramar, FL 33027

City/State and Zip Code

ann.brackenbury@gmail.com

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

For further information concerning this matter, please call:

Ann Brackenbury

Name of Person

at (734)

646-6463

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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11 AUG -8 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Task Busters 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:

2181 SW 129th Ave.

Miramar, FL 33027

Mailing Address:

P.O. Box 823838

Pembroke Pines, FL

33082-3838

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.)

Effective Date 08/01/11

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

Ann Brackenbury

Name

2181 SW 129th Ave.

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

Miramar

FL **33027**

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)

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CLERK 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:

MGRM

Ann Brackenbury
2181 SW 129th Ave
Miramar, FL 33027

MGRM

Susan Maine
1321 NW 193 Ave.
Pembroke Pines, FL 33029

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 1, 2011. (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:

Ann Brackenbury
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.)

Ann Brackenbury

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)

FILED
14 AUG - 8 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA