

L11000097370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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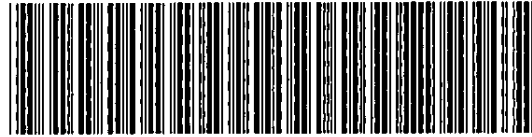
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 AUG 24 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11 AUG 24 PM 4:06

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

N. Culligan AUG 24 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMOSSIE TRUST GROUP, 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:

LOIS SHIPP
Name of Person

JACOBS
Firm/Company

~~JACOBS~~ 8942 6TH AVE
Address

JACKSONVILLE, FL 32208
City/State and Zip Code

LJACOBS56@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ENNIS LEON JACOBS at (950) 222-1246
Name of Person 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

**ARTICLES OF ORGANIZATION OF
AMOSSIE TRUST GROUP, LLC**

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is **Amossie Trust Group, LLC**:

ARTICLE II — Address:

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

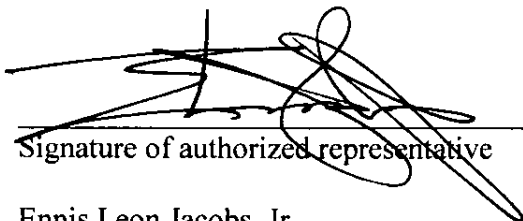
8942 6th Avenue
Jacksonville, Florida 32208

ARTICLE III — Registered Agent and Registered Office

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

Ennis Leon Jacobs, Jr.
2510 Miccosukee Road
Suite 104
Tallahassee, Florida 32308

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of the members and acknowledged them to be my act this 24th day of August, 2011.

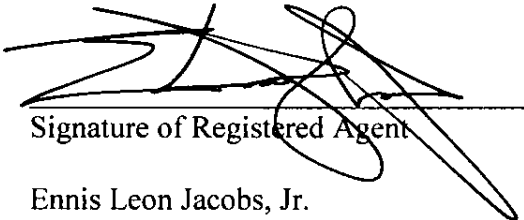


Signature of authorized representative

Ennis Leon Jacobs, Jr.
2510 Miccosukee Road
Suite 104
Tallahassee, Florida 32308

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.



Signature of Registered Agent

Ennis Leon Jacobs, Jr.
2510 Miccosukee Road
Suite 104
Tallahassee, Florida 32308

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA