

L11000104624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

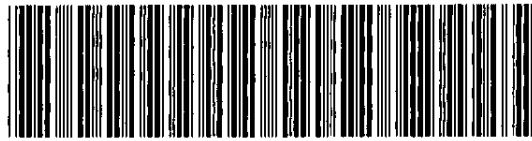
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300211934503

09/13/11--01019--017 **125.00

RECEIVED

11 SEP 13 PM 2:06

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 SEP 13 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 13 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Geleta + Associates, 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:

Katina Glasco
Name of Person

Geleta + Associates
Firm/Company

1893 Nena Hills Drive
Address

Tallahassee, FL 32304
City/State and Zip Code

Katina@geletaandassociates.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katina Glasco at (850) 210-3995
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

11 SEP 13 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Geleta & 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:

1893 Nena Hills Drive
Tallahassee, FL 32304

Mailing Address:

1893 Nena Hills Drive
Tal. FL 32304

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:

Katina Glasco
Name

1893 Nena Hills Drive
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee, FL 32304
City, State, and Zip

FILED
11 SEP 13 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Katina Glasco
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

MGRM

Name and Address:

Katina Glasco
1893 Nona Hills Drive
Tallahassee, FL 32304

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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:

Katina Glasco
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.)

Katina Glasco
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
11 SEP 13 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/13/2011
Re: Geleta & Associates LLC

I have no intentions of reinstating
the LLC having document No. L09000078921
I would like to give consent to use
this name to create a new LLC.

Katina Blanco

FILED
11 SEP 13 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA