

L 11000117914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

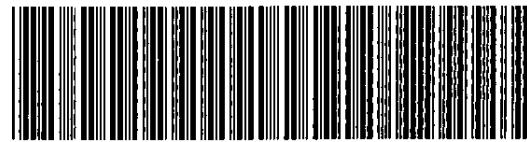
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300212260453

EFFECTIVE DATE
11-7-2011

300212260453
09/23/11--01047--020 **155.00

FILED
11 OCT 13 PM 2:50
KANSAS STATE
ATTORNEY GENERAL
KANSAS CITY, MO 64106-3120

K. SALLY
EXAMINER
OCT 14 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2011

THOMAS J SIMMONS
3214 SPINKS RD.
SEBRING, FL 33870

SUBJECT: O & T VENTURES LLC
Ref. Number: W11000049541

We have received your document for O & T VENTURES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L06000055832 "OT VENTURES, LLC".

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 111A00022121

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ~~O & T Ventures LLC~~ T+O VENTURES 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:

Thomas J Simmons

Name of Person

O & T Ventures LLC

Firm/Company

3214 Spinks RD

Address

Sebring, FL 33870

City/State and Zip Code

tsimmonsco@earthlink.net

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

For further information concerning this matter, please call:

Thomas J Simmons

Name of Person

at (863) 385-8738

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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
11-1-2011

~~O & T Ventures LLC~~

T & O Ventures 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:

3214 Spinks RD, Sebring, FL 33870

Mailing Address:

3214 Spinks RD, Sebring, FL 33870

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:

Thomas J Simmons

Name

3214 Spinks RD

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

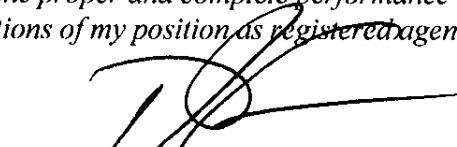
Sebring, FL 33870

FL

City, State, and Zip

11 OCT 13 PM 2:50
FLORIDA
STATE
AGENCY
REGISTRATION
AND
LICENSE
DIVISION
FILED

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)

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

Thomas J Simmons

3214 Spinks RD

Sebring, FL 33870

MGRM

Oliver Stoeckle

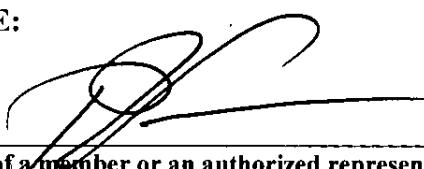
1130 Glenwood Ave

Sebring, FL 33870

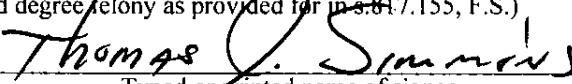
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/01/2011 (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:


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.)


Thomas J. Simmons
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)