

L11000119364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

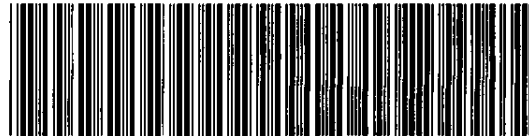
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/29/11--01045--014 \*\*130.00

Effective Date 8/30/11

FILED  
2011 AUG 29 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON  
OCT 10 2011  
EXAMINER

11097-110

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Technology Solutions of North Florida, L.L.C.

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:

Frank King IV

Name of Person

Technology Solutions of North Florida, L.L.C

Firm/Company

27440 SR 71 N

Address

Altha, FL 32421

City/State and Zip Code

frankkingiv@hotmail.com

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

For further information concerning this matter, please call:

Frank King

Name of Person

at ( 850 ) 209-2647

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 OCT 18 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 30, 2011

FRANK KING IV  
27440 SR 71 N  
ALTHA, FL 32421

SUBJECT: TECHNOLOGY SOLUTIONS OF NORTH FLORIDA, L.L.C.  
Ref. Number: W11000045071

We have received your document for TECHNOLOGY SOLUTIONS OF NORTH FLORIDA, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on August 30, 2011. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 511A00020259

Effective Date

8/30/11

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Technology Solutions of North Florida, L.L.C.

(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:

27440 SR 71 N

Altha, FL 32421

#### Mailing Address:

27440 SR 71 N

Altha, FL 32421

### 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:

Frank King IV

Name

27440 SR 71 N

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

Altha

FL 32421

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)

FILED  
2011 AUG 29 AM 9:00  
SECRETARY 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:**

MGR

Frank King IV

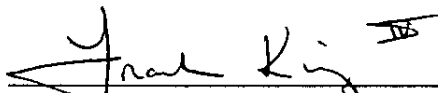
27440 SR 71 N

Altha, FL 32421

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 08/16/2011 8/30/2011 <sup>JK</sup> (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.)

**Frank King**

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  
2011 AUG 29 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA