

L12000058405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

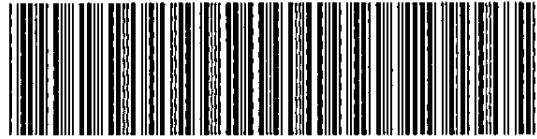
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500228065615

05/01/12--01021--012 **160.00

RECEIVED
DEPARTMENT OF STATE
12 MAY - 1 PM 1:41

T. CLINE
MAY - 1 2012
EXAMINER

FILED
12 MAY - 1 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA TECHNOLOGY DEVELOPMENT 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:

TRAVIS A YELVERTON

Name of Person

FLORIDA TECHNOLOGY DEVELOPMENT CORP LLC

Firm/Company

PO BOX 12576

Address

TALLAHASSEE, FL 32317-2576

City/State and Zip Code

tyelverton@fltechdev.com

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

For further information concerning this matter, please call:

Travis Yelverton

Name of Person

at (850) 321-7555

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

FILED
12 MAY - 1 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA TECHNOLOGY DEVELOPMENT 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:

2836 SAW PALMETTO LN
TALLAHASSEE, FL 32309

Mailing Address:

PO BOX 12576
TALLAHASSEE, FL 32317-2576

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:

TRAVIS A YELVERTON

Name

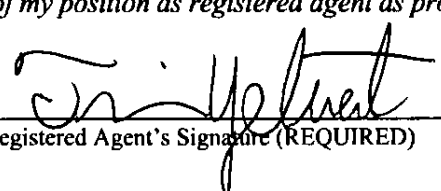
2836 SAW PALMETTO LN

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

TALLAHASSEE FL 32309

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
12 MAY - 1 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

TALLAHASSEE, FL 32317-3832

TALLAHASSEE, FL 32317-2576

FILED
12 MAY -1 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA