

L12000061866

(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:

L12000061866
A. LUNT

MAY - 8 2011

EXAMINER

Office Use Only



400230082834

04/20/12--01021--001 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 MAY - 3 AM 12:00

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2012

DANTE JOHNSON
P.O. BOX 550116
ORLANDO, FL 32855

SUBJECT: JOHNSON'S CASE MANAGEMENT SERVICES "LLC"
Ref. Number: W12000022653

2012 MAY -3 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FL

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We have received your document for JOHNSON'S CASE MANAGEMENT SERVICES "LLC" and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return 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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 012A00012565

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Johnson's Case Management Services**

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:

Dante Johnson

Name of Person

Johnson's Case Management Services "LLC"

Firm/Company

P.O Box 550116

Address

Orlando, Florida 32855

City/State and Zip Code

Dantejohnson3@gmail.com

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

For further information concerning this matter, please call:

Dante Johnson

Name of Person

at (**407**) **770-7611**

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

2012 MAY -3 AM 10:03
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:

Johnson's Case Management Services "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:

823 West Central Blvd
Orlando, fl 32805

Mailing Address:

PO Box 550116
Orlando, FL 32855

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:

Dante Johnson

Name

823 West Central Blvd

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

Orlando

FL 32805

City, State, and Zip

2012 MAY -3 AM 10:00
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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:

"MGR"

Dante Johnson

823 West Central Blvd

Orlando, FL 32805

2012 MAY -3 AM 09
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

(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:



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.)

Dante Johnson

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)