

L12000118663

(Requestor's Name)

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12 SEP 17 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

SEP 17 2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2012

JOHN J SEDDON
3740 LIFFORD CIR.
TALLAHASSEE, FL 32309

SUBJECT: COOPERATIVE SOLUTIONS, LIMITED LIABILITY COMPANY
Ref. Number: W12000046193

We have received your document for COOPERATIVE SOLUTIONS, LIMITED LIABILITY COMPANY and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 618.27, Florida Statutes, no person doing business in this state shall be entitled to use the word "cooperative" as part of its corporate or other business name unless they fall under the provisions of Chapter 618.

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

Karen A Saly
Regulatory Specialist II

Letter Number: 012A00022599

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLLECTIVE Solutions, 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:

John J. Seddon

Name of Person

Collaborative Solutions, LLC

Firm/Company

3740 Lifford Circle

Address

Tallahassee, FL 32309

City/State and Zip Code

clonmeen4@yahoo.com

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

For further information concerning this matter, please call:

John J. Seddon

Name of Person

at (850) 766-2446

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

Previously Paid —

FILE # W12000046193

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COLLECTIVE Solutions, 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:

3740 Lifford Circle
Tallahassee, FL 32309

Mailing Address:

3740 Lifford Circle
Tallahassee, FL 32309

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:

John J. Seddon

Name

3740 Lifford Circle

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

Tallahassee FL 32309

City, State, and Zip

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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

John J. Seddon

3740 Lifford Circle

Tallahassee, FL 32309

MGR

Ron Clare

149 Executive Circle

Boynton Beach, FL 33436

(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.)


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)