# L13WWW1441

(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

B. KOHR
JAN 3 2019
EXAMINER



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12/31/12--01032--021 \*\*130.00

EFFECTIVE DATE 1 2013



(850) 245-6051.

### **COVER LETTER**

TO: Registration Section **Division of Corporations** Show & Tell Your Business, 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: Show & Tell Your Business, LLC Firm/Company 5801 Langston Court Address Tampa, FL 33619 City/State and Zip Code ja.jerry@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jerry Ann Norton 813 , 210-2266 Name of Person Enclosed is a check for the following amount: □\$125.00 Filing Fee ■\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (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:	۱ ۸
The name of the Limited Liability Company is:	EFFECTIVE DATE ( ) 1201
Show & Tell Your Busin	ess, LLC
(Must end with the words "Limited Liabil	<del></del>
ARTICLE II - Address:	
	incipal office of the Limited Liability Company is:
The maning address and sheet address of the pr	morphic office of the Billion Blue my occupany is:
Principal Office Address:	Mailing Address:
5801 Langston Court	
Tampa, FL 33619	
<del>.</del>	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the r	ered Agent. You must designate an individual or another
Jerry Ann N	lorton LEG OR
Name	HILL W
	S. T.
5801 Langs	Iress (P.O. Box NOT acceptable)
<u> </u>	FL 33619
City, Str	ate, and Zip
liability company at the place designated in t registered agent and agree to act in this capac all statutes relating to the proper and complet	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of e performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S
Registered Agent's Signat	ure (REQUIRED)

(CONTINUED)

Page 1 of 2

# ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
Owner/Operator M & R M	Jerry Ann Norton	
Owner/Operator	5801 Langston Court	
	Tampa, FL 33619	
		·
		· ·
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the da	ote of filing: 1-1-13	(OPTIONAL)
(If an effective date is listed, the date must b prior to or 90 days after the date of filing.)		
REQUIRED SIGNATURE:		
Signature of a member o	r an authorized representative of a me	ember.

(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)