

L13000011557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

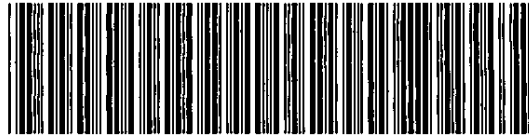
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400242162084

400242162084
01/22/13--01022--023 **500.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JAN 22 PM 12:01

JAN 23 2013
T. HAMPTON

(850) 245-6051.

COVER LETTER'

**TO: Registration Section
Division of Corporations**

SUBJECT: Offutt Barton Schlitt 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:

William F Schlitt

Name of Person

Offutt Barton Schlitt

Firm/Company

3003 Cardinal Drive, Suite C

Address

Vero Beach, FL 32963

City/State and Zip Code

will@offuttcpa.com

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

For further information concerning this matter, please call:

William Schlitt

Name of Person

at (**772**) **231-2100**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Offutt Barton Schlitt 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:

3003 Cardinal Drive, Suite C
Vero Beach, FL 32963

Mailing Address:

3003 Cardinal Drive, Suite C
Vero Beach, FL 32963

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:

William Schlitt

Name

2212 19th Street

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

Vero Beach

FL

32960

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)

Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JAN 22 PM 12:01

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:

MGMR

Schlitt Tax and Accounting LLC

645 Beachland Blvd., Ste. 8

Vero Beach, FL 32963

MGMR

Alison Schlitt, CPA, LLC

3003 Cardinal Drive, Suite C

Vero Beach, FL 32963

MGMR

Harry Offutt, CPA, LLC

3003 Cardinal Drive, Suite C

Vero Beach, FL 32963

MGMR

Kathryn Barton, CPA, LLC

3003 Cardinal Drive, Suite C

Vero Beach, FL 32963

(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.)

William Schlitt - Schlitt Tax + Accounting LLC MGMR
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)