

L130000024507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ -PICK-UP

☐ WAIT

☐ MAIL

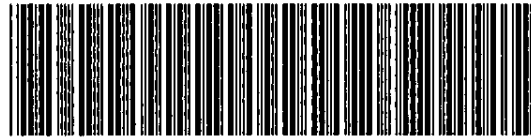
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300244520023

02/11/13--01018--011 \*\*130.00

2013 FEB 11 PM 3 37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

FEB 15 2013  
A. LUNT

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Guided Results 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:

**Lisa Blackburn Ullven, COO**

Name of Person

**Guided Results LLC**

Firm/Company

**1844 Riveredge Drive**

Address

**Tarpon Springs, FL 34689-6265**

City/State and Zip Code

**FULLVEN@AOL.COM**

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

For further information concerning this matter, please call:

**Lisa Blackburn Ullven**

Name of Person

at ( **727** ) **480-3455**

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

2013 FEB 11 PM 3:37  
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:

Guided Results 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:

Guided Results LLC

1844 Riveredge Drive

Tarpon Springs, FL 34689-6265

### Mailing Address:

Guided Results LLC

1844 Riveredge Drive

Tarpon Springs, FL 34689-6265

## 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:

Lisa Blackburn Ullven

Name

1844 Riveredge Drive

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

Tarpon Springs, FL 34689-6265

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  
FEB 11 PM 3:37  
TALLAHASSEE, FLORIDA

**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

LISA BLACKBURN ULLVEN, COO

1844 RIVEREDGE DRIVE

TARPON SPRINGS, FL 34689-6265

MGRM

FRANK ULLVEN, CIO

1844 RIVEREDGE DRIVE

TARPON SPRINGS, FL 34689-6265

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

2013 FEB 11 PM 3:37  
FILED  
CLERK OF DISTRICT COURT  
TARPON SPRINGS, FL

FILED

**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.)

LISA BLACKBURN ULLVEN

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)**