

L130000 80839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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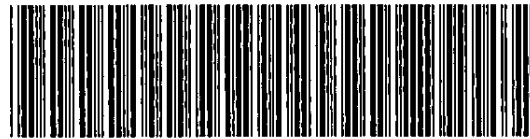
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JUN -3 PM 4:22

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W13-26958

JUN - 4 2013

J. BRYAN

LAW OFFICES
BENJAMIN R. JACOBI, P.A.

BENJAMIN R. JACOBI

1313 N.E. 125 STREET, SUITE 200
NORTH MIAMI, FL 33161

May 1, 2013

TELEPHONE
DADE (305) 893-4135
BROWARD (954) 921-4026
TELEFAX
(305) 893-4173
E-MAIL
JACOBILAWFIRM@AOL.COM

To: Registration Section
Division of Corporations

SUBJECT: TOMMY 1540, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to: Benjamin R. Jacobi, Esq.
Benjamin R. Jacobi, P.A.
1313 N.E. 125th Str. - #200
North Miami FL 33161
jacobilawfirm@aol.com

For further information concerning this matter, please call:

Benjamin R. Jacobi, Esq. 305/893-4135

☐ \$125.00 Filing Fee

☐ \$130.00 Filing
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy

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

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2013 JUN -3 PM 4:22
STATE OF FLORIDA
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2013

BENJAMIN R. JACOBI, ESQ.
BENJAMIN R. JACOBI, P.A.
1313 N.E. 125TH ST. #200
NORTH MIAMI, FL 33161

SUBJECT: TOMMY 1540, LLC
Ref. Number: W13000026958

FILED
2013 JUN -3 PM 4:22
STATE
TALLAHASSEE, FLORIDA

We have received your document for TOMMY 1540, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6051.

Joey Bryan
Regulatory Specialist II

Letter Number: 413A00011186

5/30/13
See charge

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company:

Tommy 1540, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4516 Francis Drive
Delray Beach FL 33445

Mailing Address:

P.O. Box 523781
Miami FL 33152

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Edward Lovejoy
4516 Francis Drive
Delray Beach FL 33445

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 hte obligations of my position as registered agent as provided for in Chapter 608, F.S..


Registered Agent's Signature

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2013 JUN -3 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FL 32399-0400

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" - Managing Member

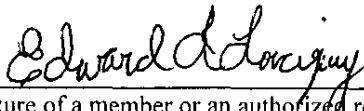
MGRM

Edward Lovejoy
4516 Francis Drive
Delray Beach FL 33445

Member

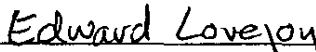
Bonnie Kocik
4516 Francis Drive
Delray Beach FL 33445

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)



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)

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2013 JUN -3 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FL 32399