

L13000136344

(Requestor's Name)

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(Address)

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(Business Entity Name)

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13 SEP 26 AM 8:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W13-51190

SEP 27 2013

J. BRYAN



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 16, 2013

CONCETTA A. RIZZO  
COLLABORATION LLC  
27854 ARLINGTON RD  
WESLEY CHAPEL, FL 33544

SUBJECT: COLLABORATION LLC  
Ref. Number: W13000051190

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : COLLABORATIONS, INC, document number #P12000008233.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

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: 713A00021694

(850) 245-6051.

**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: COLLABORATION VERITAS 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:

**CONCETTA A. RIZZO**

Name of Person

**COLLABORATION VERITAS LLC**

Firm/Company

**27854 ARLINGTON RD**

Address

**WESLEY CHAPEL, FL 33544**

City/State and Zip Code

**collaborationk@gmail.com**

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

For further information concerning this matter, please call:

**CONCETTA A. RIZZO** at ( 813 294 0426 )

Name of Person

Area Code &amp; Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input checked="" 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)
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**Check submitted and cashed by Div Corp/ attached****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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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

COLLABORATION VERITAS 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:**

**Mailing Address:**

27854 ARLINGTON RD

27854 ARLINGTON RD

WESLEY CHAPEL, FL

WESLEY CHAPEL, FL

33544

33544

**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:

CONCETTA A. RIZZO

Name

27854 ARLINGTON RD.

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

WESLEY CHAPEL, FL

33544

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)

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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


CONCETTA A. RIZZO  
27854 ARLINGTON RD  
WESLEY CHAPEL, FL 33544

(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.)

CONCETTA A. RIZZO

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)