

L13000136344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

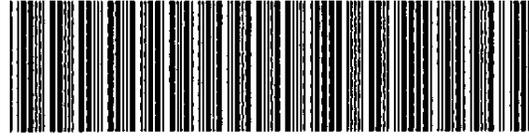
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/13/13--01011--014 **130.00

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

WB-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

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

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

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COLLABORATION VERITAS LLC
Name of Limited Liability Company

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

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 & 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)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

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.

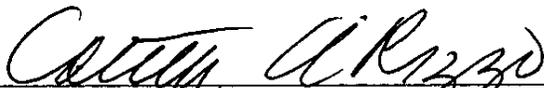
Florida street address (P.O. Box NOT acceptable)

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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13 SEP 26 AM 8:04
SECRETARY OF STATE
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)