

L130000142813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

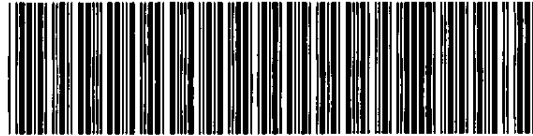
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100252285851

10/04/13--01006--003 \*\*130.00

EFFECTIVE DATE  
1-1-14

RECEIVED  
DEPARTMENT OF STATE  
CORPORATION REGISTRATION  
2013 OCT -11 AM 9:00  
TO ACCELERATE  
SUFFICIENCY OF FILINGS

FILED  
13 OCT -9 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT - 9 2013  
T. BROWN

(850) 245-6051

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JOHN W. LEVINS INVESTIGATIONS, 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:

**JOHN LEVINS**

Name of Person

Firm/Company

**10964 REGIMENT LOOP SW**

Address

**TALLAHASSEE, FL 32305**

City/State and Zip Code

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

For further information concerning this matter, please call:

**JOHN LEVINS**

Name of Person

at ( **850** ) **421-0579**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 7, 2013

JOHN LEVINS  
10964 REGIMENT LOOP SW  
TALLAHASSEE, FL 32305

SUBJECT: JOHN W. LEVINS INVESTIGATIONS, LLC  
Ref. Number: W13000055490

We have received your document for JOHN W. LEVINS INVESTIGATIONS, 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 registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The letter releasing the name also needs to be signed.

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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 213A00023433

EFFECTIVE DATE  
1-1-14

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JOHN W. LEVINS INVESTIGATIONS, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

FILED  
13 OCT -9 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

10964 REGIMENT LOOP SW  
TALLAHASSEE, FL 32305

**Mailing Address:**

PO BOX 228  
WOODVILLE, FL 32362

**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:

JOHN LEVINS

Name

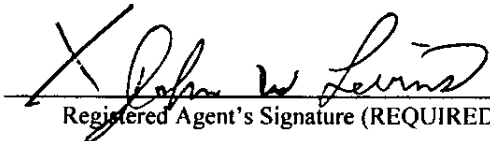
10964 REGIMENT LOOP SW

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

TALLAHASSEE FL 32305

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)

**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:**

MGRM

JOHN LEVINS

10964 REGIMENT LOOP SW

TALLAHASSEE, FL 32305

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

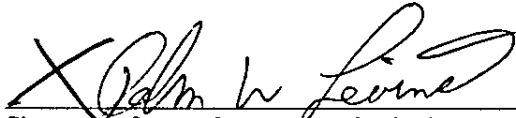
\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JANUARY 1, 2014. (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.)

JOHN LEVINS

\_\_\_\_\_  
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)

I, John Levins, a managing member  
of John W Levins Investigations, LLC (L10000001725)

have no intention of reinstating this  
limited liability company

John W Levins