

✓
L14000019197

(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



500255868635

01/30/14--01030--011 **130.00

EFFECTIVE DATE 01-31-14

2014 JAN 30 PM 2:11
CALIFORNIA

B. BOSTICK
FEB -4 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Branch Agency Solutions 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:

Harry O Tomlinson

Name of Person

Tomlinson & Co

Firm/Company

258 E Altamonte Drive Suite 2000

Address

Altamonte Springs, FL 32701

City/State and Zip Code

otie@tomlinsonandco.com

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

For further information concerning this matter, please call:

Debby Caamano

Name of Person

at (407) 478-2142

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

2014 JUN 30 PM 2:11
FALLS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Branch Agency Solutions 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:

258 E Altamonte Drive Suite 2000

(Same as Principal Office)

Altamonte Springs, FL 32701

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:

Harry O Tomlinson

Name

258 E Altamonte Drive Suite 2000

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

Altamonte Springs

FL 32701

City

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 605, F.S..

Harry O Tomlinson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2014 JUN 20 PM 2:11
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Harry O Tomlinson

258 E Altamonte Drive Suite 2000

Altamonte Springs, FL 32701

AMBR

Debby Caamano

258 E Altamonte Drive Suite 2000

Altamonte Springs, FL 32701

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Jan 31, 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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Harry O Tomlinson

Digitally signed by Harry O Tomlinson
DN: cn=Harry O Tomlinson, o=MyFloridaBiz, email=htomlinson@myfloridabiz.com, c=US
Date: 2014.01.31 13:01:16 -0500

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Harry O Tomlinson

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)