

L14000075657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

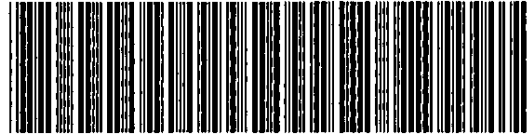
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FILED
14 MAY -5 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY - 9 2014

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A FREEBIRD BAIL BONDS ON BAY & LIBERTY ST., 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:

T J NEELEY

Name of Person

A FREEBIRD BAIL BONDS ON BAY & LIBERTY ST., LLC

Firm/Company

339 E. BAY ST.

Address

JACKSONVILLE, FLORIDA 32202

City/State and Zip Code

DIXIEBUBBA91@YAHOO.COM

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

For further information concerning this matter, please call:

T J NEELEY

Name of Person

at (904) 955-1804

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A FREEBIRD BAIL BONDS ON BAY & LIBERTY ST., 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:

339 E. BAY ST.
JACKSONVILLE, FLORIDA 32202

Mailing Address:

339 E. BAY ST.
JACKSONVILLE, FLORIDA 32202

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:

T J NEELEY

Name

339 E. BAY ST.

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

JACKSONVILLE

City

FL

32202

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..

T. J. Neeley
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

AMBR

Name and Address:

T J NEELEY

339 E. BAY ST.

JACKSONVILLE, FLORIDA 32202

AMBR

TOMMY NEELEY

3576 BOONE PARK AVE

JACKSONVILLE, FLORIDA 32202

AMBR

JAMES KRAMER

10150 BELLE RIVE BLVD E. #210

JACKSONVILLE, FLORIDA 32256

MGR

BOBBY RAYMER

10201 W. BEAVER ST. #139

JACKSONVILLE, FLORIDA 32220


(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.)

ARTICLE VI: Other provisions, if any.

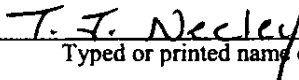
REQUIRED SIGNATURE:



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.)



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)