

L14000084868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

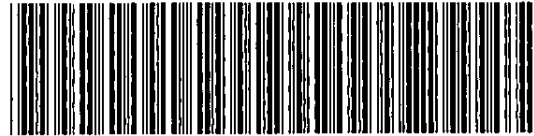
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/28/14--01002--014 **125.00

EFFECTIVE DATE
5/23/14

FILED

2014 MAY 27 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. G. GUNTER MAY 27 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ColoneyBell Construction & Engineering Consultants 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:

Brian E Zettle
Name of Person

ColoneyBell Construction & Engineering Consultants LLC
Firm/Company

1624 Village Square Blvd, STE 101
Address

Tallahassee, Florida 32309
City/State and Zip Code

brianzettle@psbionline.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ron Mason, CPA at (850) 386-6184
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input 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) |
|---|---|---|---|

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:

ColoneyBell Construction & Engineering Consultants 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:

1624 Village Square Blvd

Ste 101

Tallahassee, FL 32309

Mailing Address:

Same

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:

Ron Mason, CPA

Name

2477 Tim Gamble Place, STE 200

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

Tallahassee

City

FL 32308

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Brian Zettle

1624 Village Square Blvd Ste 101

Tallahassee, FL. 32309

AMBR

Aaron Boyette

1624 Village Square Blvd Ste 101

Tallahassee, FL. 32309

AMBR

John Bell

1624 Village Square Blvd Ste 101

Tallahassee, FL. 32309

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 23, 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:



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.)

Ron Mason, CPA

Typed or printed name of signer

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)

FILED
2014 MAY 27 PM 3:56
CLERK OF STATE
TALLAHASSEE, FLORIDA