

L14 00 8095072

(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



200261026972

06/12/14--01009--024 **130.00

FILED
14 JUN 12 AM 10:31
CLERK OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JUN 13 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Commando Holdings 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:

Andrew and Nebbie Walford

Name of Person

Firm/Company

400 Beach Dr NE #2102

Address

Saint Petersburg, Florida 33701

City/State and Zip Code

commandoholdings@gmail.com

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

For further information concerning this matter, please call:

Nebbie Walford

Name of Person

at (727)

Area Code

710 3418

Daytime Telephone Number

(cell)

*have
727
623
04.55*

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:

Commando Holdings 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:

400 Beach Drive NE
#2102
Saint Petersburg, Florida 33701

400 Beach Drive NE
#2102
Saint Petersburg, Florida 33701

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:

Patrick Ambrose CPA

Name

10773 70th Ave North

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

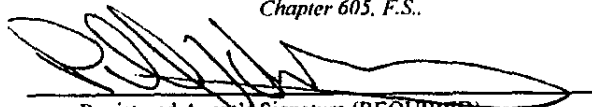
Seminole

City

FL 33772

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)

1713 E 60
14 JUN 12 AM 10:01
STATE OF FLORIDA
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

AMBR

Name and Address:

Nebbie Elizabeth Terry Walford

400 Beach Dr NE #2102

Saint Petersburg, Florida 33701

Andrew Jonathan Walford

400 Beach Dr NE #2102

Saint Petersburg, Florida 33701

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 10, 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.)

Nebbie Elizabeth Terry Walford

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)

14 JUN 12 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA