

L14000099840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

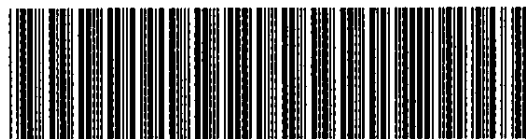
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-35386

Office Use Only



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06/02/14--01052--005 **130.00

EFFECTIVE DATE 06-02-14

2014 JUN -2 12 5 12
BOSTON
MA

B. BOSTICK

JUN 23 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: True Composure 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:

Marilyn B. Hughes
Name of Person

Grasshoppers Community Bridge Builders, Inc.
Firm/Company

8225 103rd Street
Address

Jacksonville, FL 32210
City/State and Zip Code

Hughesmarilyn@truecomposure@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Marilyn B. Hughes at (904) 680-4541
Name of Person 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

This is a corrected copy as requested
Thank You,
Marilyn Hughes

FILED
2014 JUN -2 P 5:12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Iru Composure 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:

8225 103rd Street
Jacksonville, FL 32210

Mailing Address:

8225 103rd Street
Jacksonville, FL 32210

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:

Maileigh B. Hughes
Name

8225 103rd Street
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32210
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.

Maileigh B. Hughes
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2014-07-22 P 5:12
CLERK OF CIRCUIT COURT
JACKSONVILLE, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Marilyn B. Hughes MGR 8225 103rd Street
Jacksonville, FL 32210

Lamar White AMBR 6958 Rolo Rd.
Jacksonville, FL 32205

Belinda White AMBR 6958 Rolo Rd.
Jacksonville, FL 32205

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 2, 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:

Marilyn B. Hughes

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.)

Marilyn B. Hughes
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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2014

MARILYN B. HUGHES
8225 103RD STREET
JACKSONVILLE, FL 32210

SUBJECT: TRU COMPOSURE LLC
Ref. Number: W14000035386

We have received your document for TRU COMPOSURE 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 814A00012278

FILED
2014 JUN -2 P 5:12