

L14000111645

(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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Office Use Only



200262229252

L14-111645

07/16/14--01002--006 **75.00

200262229252
06/17/14--01014--011 **50.00

FILED
14 JUL 15 PM 12:30
STATE
TALLAHASSEE, FLORIDA

JUL 15 2014

N. CAUSSEAU

DAVID W. PRIDE

10061 Bull Headley Road | Tallahassee, FL 32312 | (850) 933-3843
pridedavid01@gmail.com | www.linkedin.com/in/davidwpride

8 July 2014

Ms. Kathy Ashton
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Articles of Organization

Dear Kathy,

Thank you for talking me through the procedure for LLC application. Please find attached my signed Articles of Organization and a check for \$75.00.

If you recall I have \$50.00 on hold with the State from my Rejected FICTITIOUS NAME application (see attached). If you have any questions about my application and Articles of Organization, please call me.

Regards,



David W. Pride

Encls (2)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pride Defense Consulting, 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:

David W. Pride

Name of Person

Pride Defense Consulting, LLC

Firm/Company

10061 Bull Headley Road

Address

Tallahassee, Florida 32312

City/State and Zip Code

dave@pridedefcon.com

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

For further information concerning this matter, please call:

David W. Pride

Name of Person

at (850)

Area Code

933-3843

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)

* \$150.00 on hold
from Fictitious
Name application

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:

Pride Defense Consulting, 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:

10061 Bull Headley Road
Tallahassee, FL 32312

Mailing Address:

10061 Bull Headley Road
Tallahassee, FL 32312

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:

David W. Pride

Name

10061 Bull Headley Road

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

Tallahassee

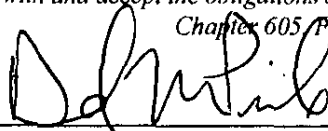
City

FL 32312

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 P.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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14 JUL 15 PM 12:30
SECRETARY OF STATE
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:

David W. Pride

10061 Bull Headley Road

Tallahassee, FL 32312

(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.

None

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.)

David W. Pride

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)