

L14060124788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

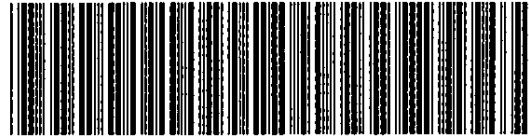
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
14 AUG -8 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2544



TRU-CUT U.S.A, Inc.

P.O. Box 1075 Estero, FL. 33929

Main Office: Phone and Fax (239) 267-8787

E-mail: Bryan@TruCutUSA.com

August 6, 2014

To: Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
(850) 245-6051

Re: Consent Letter; New LLC formation

Dear Division of Corporations,

Tru-Cut USA, Inc. and the officers, directors, and shareholders of such corporation, request to form an LLC and they authorize the use and formation of an LLC named Tru-Cut USA, LLC.

Enclosed are the required Articles of Organization documents and the required Filing Fees & Certificate of Status fee.

Please contact us with any questions or additional documents required.

Best regards,

Bryan P. Chambers Sr.

Bryan Chambers Sr., Director

Tru-Cut USA, Inc.

Office Phone and Fax: 239-267-8787

E-mail: Bryan@TruCutUSA.com

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RECEIVED
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tru-Cut USA, 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:

Bryan Chambers
Name of Person

Tru-Cut USA LLC
Firm/Company

18197 Useppa Rd
Address

Fort Myers, FL 33967
City/State and Zip Code

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

For further information concerning this matter, please call:

Bryan Chambers at (239) 267-8787
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tru-Cut USA 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:

18197 Useppa Rd
Fort Myers, FL 33967

18197 Useppa Rd
Fort Myers, FL 33967

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:

Bryan Chambers

Name

18197 Useppa Rd

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

Fort Myers

FL 33967

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.

Bryan R. Chambers

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

Bryan R. Chambers Jr.

8485 Wingedfoot Dr.

Fort Myers, FL. 33967

AMBR

Bryan R. Chambers

18197 Useppa Rd.

Fort Myers, FL. 33967

(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.)

Bryan R. Chambers

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)

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TALLAHASSEE, FLORIDA