

L14000150723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

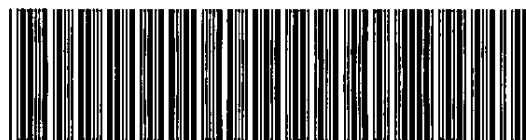
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900263642829

900263642829  
09/23/14--01020--009 \*\*130.00

FILED  
2014 SEP 23 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 26 2014

1 CLINE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Maynard CPA & Associates, 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:

Jay C Maynard  
Name of Person

Maynard CPA & Associates, LLC  
Firm/Company

2848 E. Irls Bronson Memorial Hwy  
Address

Kissimmee, Florida 34744  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jay C Maynard at ( 352 ) 484-2477  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2014 SEP 23 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Maynard CPA & Associates, 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:

2848 E Irls Bronson Memorial Hwy  
Kissimmee, Florida 34744

2848 E Irls Bronson Memorial Hwy  
Kissimmee, Florida 34744

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:

Jay C Maynard  
Name

2848 E Irls Bronson Memorial Hwy  
Florida street address (P.O. Box **NOT** acceptable)

Kissimmee FL 34744  
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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2014 SEP 23 PM 12:53  
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:**

Jay C Maynard  
17791 SW 40th Street  
Dunnellon, Florida 34432

MGR

Jay C Maynard  
17791 SW 40th Street  
Dunnellon, Florida 34432

MGR

Angel A Pacheco  
3571 Pawleys Loop S  
St Cloud, Florida 34769

(Use attachment if necessary)

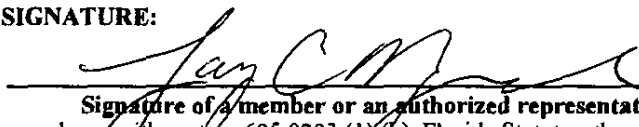
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

~~See the attached Operating Agreement~~ *Jim*

**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.)

Jay C Maynard

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)

2014 SEP 23 PM 5:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED