

L14000156152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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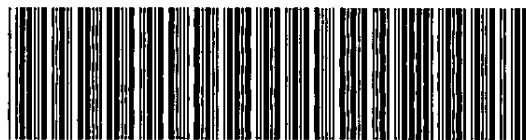
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE
9-24-2014

09/29/14--01040--002 **130.00

FILED
2014 SEP 29 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

OCT -7 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Data Now Accessible, 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:

Justin Thompson

Name of Person

Data Now Accessible, LLC

Firm/Company

48 Creek Bend Drive

Address

Summerville, SC, 29485

City/State and Zip Code

justin.b.thompson@outlook.com

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

For further information concerning this matter, please call.

Justin Thompson

Name of Person

at (843)

Area Code

832-2264

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:

EFFECTIVE DATE
9-24-2014

Data Now Accessible, 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:

132 Clearlake Drive
Suite 200
Ponte Vedra, FL 32082

132 Clearlake Drive
Suite 200
Ponte Vedra, FL 32082

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:

Anderson Glenn LLP

Name

4400 Marsh Landing Boulevard, Suite 4

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

Ponte Vedra Beach FL 32082

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)

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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:

Jason Reinis Green
50 Peachtree Street, NW Loft #206
Atlanta, GA, 30303

AMBR

Justin Thompson
48 Creek Bend Drive
Summerville, SC, 29485

AMBR

Jeannette Lea Copeland
132 Clearlake Drive
Ponte Vedra, FL, 32082

AMBR


Stephen Leroy Copeland
132 Clearlake Drive
Ponte Vedra, FL, 32082

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 24, 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 605.0205 (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.)

Justin B. Thompson
Typed or printed name of signer

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)