

L14000165984

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(Address)

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☐ PICK-UP

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(Business Entity Name)

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14 OCT 24 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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14 OCT 24 PM 12:37

B. BOSTICK

OCT 24 2014

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: North Florida TAX PROS "An America's Tax Office Franchise" 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:

Michael JONES

Name of Person

North Florida TAX PROS "An America's Tax Office Franchise" LLC  
Firm/Company

2305 Killbuck Ct Blvd

Address

Tallahassee FL 32309

City/State and Zip Code

Alpha 3 dom @ AOL. com

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

For further information concerning this matter, please call:

Michael JONES

Name of Person

at (352)

Area Code

219-7195

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

North Florida Tax Pros "AN America's Tax Office Franchise" LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

113 South Monroe Street Suite 129 Tallahassee FL 32301  
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

113 South Monroe St Suite 129  
Tallahassee Florida  
32301

same

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:

Michael Jones  
Name  
2305 Killen Rd Apt D 73  
Tallahassee FL 32309  
Florida street address (P.O. Box NOT acceptable)  
Tallahassee FL FL 32309  
City Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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..

Michael Jones

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

AMBR - president

Calvin Butler 1602 Stuckey Ave  
APT 2212 Tallahassee FL 32310

AMBR - Vice President

Michael JONES - 2305 Willowbrook Ct  
Bldg. Apt 123 Tallahassee FL 32309

AMBR - VP - Global marketing

Wendell Davis - 143 Seabrooks Rd  
Marietta FL 32344

AMBR - Director of Community  
Relations

MARCUS J Ferrell - 1502 Stuckey Ave  
APT 2207 Tallahassee FL 32310

(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:

Michael Jones

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.)

Michael JONES

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)