

L14000182738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

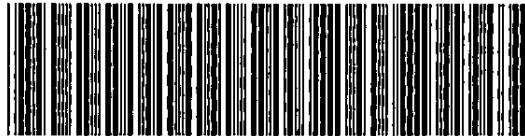
(Business Entity Name)

(Document Number)

Certified Copies ☒

Certificates of Status ☐

Special Instructions to Filing Officer:



500266509735

11/17/14--01013--026 **155.00

EFFECTIVE DATE
12-1-14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 NOV 17 PM 2:25

FILED

Office Use Only

NOV 26 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dominate Data, 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:

April Wagner- Mann

Name of Person

Dominate Data, LLC

Firm/Company

12139 56th Place North

Address

West Palm Beach, FL 33411

City/State and Zip Code

dominatedata@gmail.com

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

For further information concerning this matter, please call:

April Wagner- Mann

Name of Person

at (561)

Area Code

320-3295

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

EFFECTIVE DATE
12-1-14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dominate Data, 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:

12139 56th Place North
West Palm Beach, FL 33411

Mailing Address:

12139 56th Place North
West Palm Beach, FL 33411

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:

April Wagner- Mann

Name

12139 56th Place North

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

West Palm Beach

City

FL 33411

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..

April Wagner-Mann
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

MGR

Name and Address:

April Wagner-Mann
12139 56th Place North
West Palm Beach, FL 33411

AMBR

Scott Heistand
15205 W Wethersfield Rd
Surprise, AZ 85379

AMBR

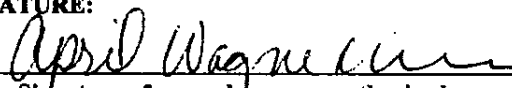
Sean Starnier
13171 N 147th Drive
Surprise, AZ 85379

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/1/2014 (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 605.0203 (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.)

April Wagner-Mann

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)