

L140000194746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

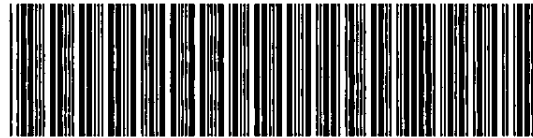
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W14-73984, can't use  
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12/03/14--01017--008 \*\*125.00

EFFECTIVE DATE 01-01-15

FILED

2014 DEC 22 P 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
DEC 23 2014  
EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMERITRUST ~~GROUP~~ <sup>Group</sup>, 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:

SCOTT G. THOMPSON

Name of Person

AMERITRUST CORP, LLC

Firm/Company

9521 GROVEDALE CIRCLE, SUITE \* 202

Address

RIVERVIEW, FL 33578

City/State and Zip Code

scott@AmeritrustCorp.com

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

For further information concerning this matter, please call:

Scott G. Thompson at (612) 817-9691  
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

SECRETARY OF STATE  
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:

AMERITRUST GROUP ~~CO~~, 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:

9521 Grovedale Circle, Suite #202  
Riverview, FL 33578

Mailing Address:

← 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:

Scott G. Thompson  
Name  
9521 Grovedale Circle, Suite #202  
Florida street address (P.O. Box NOT acceptable)  
Riverview FL 33578  
City Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*

Scott Thompson

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

AMBR

**Name and Address:**

Scott G. Thompson  
9521 Gravedale Circle Suite 202  
Riverview, FL 33578

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 1<sup>st</sup> 2015 (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:**

Scott Thompson

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.)

Scott G. Thompson

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)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 11, 2014

SCOTT G. THOMPSON  
9521 GROVEDALE CIRCLE  
SUITE #202  
RIVERVIEW, FL 33578

SUBJECT: AMERITRUST CORP, LLC  
Ref. Number: W14000073984

RECEIVED  
14 DEC 22 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

We have received your document for AMERITRUST CORP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 714A000024

FILED  
2014 DEC 22 P 4 48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear FL Dept of State/Dir. of Corp.

Business Name on application changed/updated to:

"AMERITRUST GROUP, LLC"

(See next page)

Thank you! Scott Thompson  
Phone# 941-726-2987