

L150000032099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

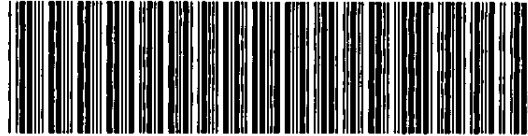
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000268406110

01/20/15--01020--004 **125.00

FILED

15 FEB 19 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 23 2015

T. HAMPTON

2156-510

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Partners for Change, 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:

David A Claud
Name of Person

Partners for Change
Firm/Company

143 Cocolum Lane
Address

Royal Palm Beach, Florida 33411
City/State and Zip Code

claudd@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David A Claud at (561-676-1670) Same
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

To the Florida Department of State, Division of Corporations,

Please accept this cover letter and application including a check for payment to register my company as a Limited Liability Corporation (LLC). The LLC is named Partners for Change, LLC. My name is:

David A Claud
143 Cocoplum Lane
Royal Palm Beach, FL 33411
561-676-1670

Thank you.

A handwritten signature in black ink that reads "David A. Claud". The signature is written in a cursive, flowing style.

David A. Claud



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 FEB 19 AM 10:00

FLORIDA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
INFORMATION SERVICES

February 2, 2015

DAVID A CLAUD
143 COCOPLUM LN
ROYAL PALM BEACH, FL 33411

SUBJECT: PARTNERS FOR CHANGE, LLC
Ref. Number: W15000007512

We have received your document for PARTNERS FOR CHANGE, 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 115A00002088

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~Partners for Change, LLC~~ Institute, Partners for Change Institute, L.L.C.
(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:

143 Cocoplum Lane
Royal palm Beach, FL
33411

Same as principal

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:

David A Claud
Name

143 Cocoplum Lane
Florida street address (P.O. Box NOT acceptable)

Royal Palm Beach FL 33411
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.

David A. Claud
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
15 FEB 19 PM 1:52
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

Name and Address:

David A Claud MGR

Cathy A Claud AMBR

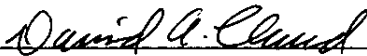
(Use attachment if necessary)

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:



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.)

David A Claud

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)

FILED
15 FEB 19 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA