

LI5000053217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

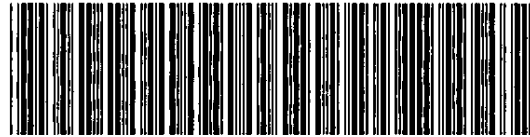
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100269594511

FILING CANCELLED
RETURNED CHECK

100269594511
03/09/15--01035--011 **155.00

FILED
15 MAR -9 AM 9:56
RECEIVED
MAR 10 2015
J. GIVERS

J. GIVERS MAR 26 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tracer Enterprises, 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:

Tracy M. Jakum
Name of Person

Tracer Enterprises, LLC
Firm/Company

3379 SW Cornell Ave
Address

Balm City, FL 34990
City/State and Zip Code

tracyj567@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy Jakum at (772) 285-7605
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

**FILING CANCELLED
RETURNED CHECK**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Tracer Enterprises, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office on the Limited Liability Company is:

Principal Office Address:

3379 SW Cornell Ave.
Palm City, FL 34990

Mailing Address:

3379 SW Cornell Ave.
Palm City, FL 34990

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Tracy M. Jakum
3379 SW Cornell Ave
Palm City, FL 34990

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)
Page 1 of 2

FILED
15 MAR -9 AM 9:56
TALLAHASSEE, FLORIDA

**FILING CANCELLED
RETURNED CHECK**

ARTICLE IV –

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:


AMBR

Tracy M. Jakum
3379 SW Cornell Ave
Palm City, FL 34990

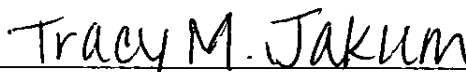
ARTICLE V: Effective Date, if other than the date of filing: _____ (OPTIONAL)
(if an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or 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.)



Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of a Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

RECEIVED
15 MAR - 9 AM 9:56
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA