

L15000058990

(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



800270515668

03/13/15--01023--027 **160.00

FILED
2015 MAR 13 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 03 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TNTNT Commercial - Residential Services
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:

Thomas E Campbell

Name of Person

TNTNT Commercial - Residential Services

Firm/Company

2731 Evelyn Dr.

Address

Apoka, FL 32703

City/State and Zip Code

TNTNTCRS @ 901.COM

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

For further information concerning this matter, please call:

Tim Davis

Name of Person

at (407)

Area Code

712-3175

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TNTNT Commercial - Residential Services 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:

2731 Evelyn Dr
APOLKA, FL 32703

Mailing Address:

2731 Evelyn Dr.
APOLKA, FL 32703

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:

Monica Davis
Name
2731 EVELYN DR
Florida street address (P.O. Box **NOT** acceptable)
APOLKA FL 32703
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..

Monica Davis
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
2015 MAR 13 PM 3:34
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:

AMBR

Monica Davis
2731 Evelyn Dr
Apoka, FL 32703

MGR

Tim Davis
2731 Evelyn Dr
Apoka, FL 32703

MGR

Thomas Campbell
2731 Evelyn Dr
Apoka, FL 32703

(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:

Thomas Campbell

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.)

Thomas Campbell

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
2015 MAR 13 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA