

L15000063070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

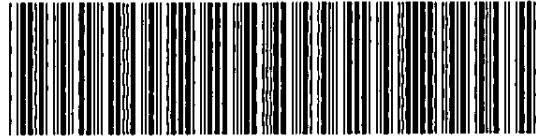
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/10/15--01010--015 **155.00

EFFECTIVE DATE
4-10-15

RECEIVED
15 APR 10 PM 1:14
DIVISION OF CORPORATIONS

15 APR 10 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
FILED

APR 10 2015

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NORTH FLORIDA DUI & TICKET DEFENSE, 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:

JOHN L. BISCHOF

Name of Person

JOHN LORING BISCHOF, P.A.

Firm/Company

2927 KERRY FOREST PARKWAY, SUITE B

Address

TALLAHASSEE, FLORIDA 32309

City/State and Zip Code

john@tallybankruptcy.com

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

For further information concerning this matter, please call:

JOHN BISCHOF

Name of Person

at (850) 894-2900

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

EFFECTIVE DATE

4-16-15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NORTH FLORIDA DUI & TICKET DEFENSE, 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:

2927 KERRY FOREST PARKWAY
SUITE B
TALLAHASSEE, FL 32309

Mailing Address:

2927 KERRY FOREST PARKWAY
SUITE B
TALLAHASSEE, FL 32309

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:

JOHN L. BISCHOF

Name

2927 KERRY FOREST PARKWAY, SUITE B

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

TALLAHASSEE

FL 32309

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..



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:

JOHN L. BISCHOF

2708 NANTUCKET LANE

TALLAHASSEE, FLORIDA 32309

MGR

ANTHONY CAMMARATA

2110 GIBBS RD

TALLAHASSEE, FLORIDA 32303

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: APRIL 10, 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:



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.)

JOHN L. BISCHOF

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)