

L15000064934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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L15-64934

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FILED  
15 MAR 23 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 15 2015

N. CAUSSEAU



March 20, 2015

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

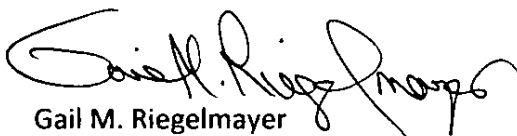
Dear Sir/Madam:

Enclosed is a check for \$125 for filing fees, along with a completed Articles of Organization for a Limited Liability Company. I'm interested in setting up a new entity entitled "PtL Professional Services LLC".

If you have any questions or need further information, please don't hesitate to contact me at [coachgail@gtcom.net](mailto:coachgail@gtcom.net) or 850-927-4245.

Your prompt attention to this application would be most appreciated.

Thank you in advance.

  
Gail M. Riegelmayr

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PTL Professional Services 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:

Gail M. RiegeMayer  
Name of Person

Profit Thru Leadership  
Firm/Company

1421 E. Gulf Beach Dr.  
Address

St. George Island FL 32328  
City/State and Zip Code

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

For further information concerning this matter, please call:

Gail M. RiegeMayer at ( 850 ) 927-4245  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PtL Professional 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:

Mailing Address:

1471 E. Gulf Beach Dr.

St. George Island, FL 32328

← 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:

Gail M. Riegelmaier  
Name

1471 E. Gulf Beach Dr.

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

St. George Island FL 32328  
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.

Gail M. Riegelmaier  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**

Gail M. Rieggmayer  
1471 E. Gulf Beach Dr.  
St. George Island, FL 32328

(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:**

Gail M. Rieggmayer  
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.)

Gail M. Rieggmayer  
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 MAR 23 PM 2:11**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**