

6150007211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

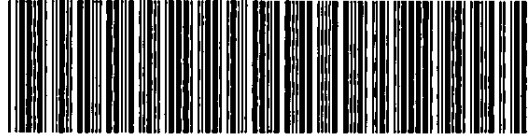
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100271806361

04/16/15--01020--018 **125.00

FILED
15 APR 16 AM 7:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4 Stickers APR 21 2015



DELANEY & MUNCEY, P.C.

ATTORNEYS AT LAW

WWW.DELANEY-MUNCEY.COM

DAVID L. DELANEY
KATHLEEN P. MUNCEY
PETER N. MUNCEY, JR.
BRYAN E. FECTEAU
KATHLEEN M. MULVEY

EUGENE V. BLANCHARD
OF COUNSEL
FREDERICK J. SHERMAN
1924-2013

April 14, 2015

VIA FED EX

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: JEFF SOUZA ASSOCIATES, LLC

Dear Sir or Madam:

Please find the following in connection with the formation of the above entity:

1. Cover Letter;
2. Articles of Organization for Florida Limited Liability Company; and
3. \$125.00 check.

Please contact me with questions at 508-746-2200.

Very truly yours,

Bryan E. Fecteau

Enclosures

CC: Jeffrey J. Souza (via email)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jeff Souza Associates, 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:

Jeffrey T. Souza
Name of Person

Jeff Souza Associates, LLC
Firm/Company

506 Winterside Drive
Address

Apollo Beach, FL 33572
City/State and Zip Code

JeffSouza54@Comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff at (508) 454 6867
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)

☒ \$180.00 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:

Jeff Soren Associates, 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:

506 Winterset Drive
Apollo Beach, FL
33572

Mailing Address:

506 Winterset Drive
Apollo Beach, FL
33572

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:

Jeffrey J Soren
Name

506 Winterset Drive
Florida street address (P.O. Box NOT acceptable)

Apollo Beach FL
City

Zip 33572

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
15 APR 16 AM 7:53
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

Jeffrey T. Soriza
MGR

Name and Address:

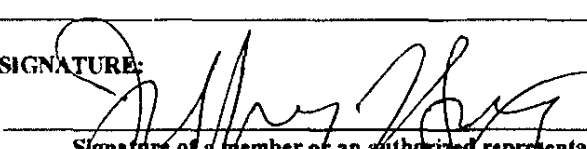
506 Wintarside Drive
Apollo Beach FL
33572

(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.)

Jeffrey T. Soriza
Typed or printed name of signer

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 APR 16 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA