

L15000073771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

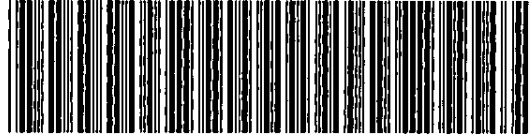
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/21/15--01004--003 **130.00

EFFECTIVE DATE

7/22/2015

FILED
15 APR 21 AM 9:46
CLERK OF COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tru Emperahz Entertainment 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:

Andrew V. Harrison
Name of Person

Tru Emperahz Entertainment Enterprises LLC
Firm/Company

2901 Albemarle Street Apt # H2
Address

Melbourne Florida 32901
City/State and Zip Code

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

For further information concerning this matter, please call:

Andrew "Tru-Dru" Harrison at (321) 216-9206
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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tru Emperahz Entertainment Enterprises 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:

2901 Albemarle St Apt H2
Melbourne FL
32901

Mailing Address:

2901 Albemarle St Apt H2
Melbourne FL
32901

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:

Andrew "Tru-Dru" Harrison

Name

2901 Albemarle Street Apt H2

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

Melbourne FL 32901

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..

Andrew V. Harrison

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MGR

MGR

MGR

AMBR

Name and Address:

David C. McHadden
2901 Albemarle Street #2
Melbourne, FL 32901

Trinae Monday
1470 Riden Road
Madison GA 30650

Rhonda Lane
115 E. Fee Avenue
Melbourne FL 32901

Paulet L. Harrison
2901 Albemarle Street # H2
Melbourne, FL 32901

(Use attachment if necessary) ←

ARTICLE V: Effective date, if other than the date of filing: 07/22/2015 (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.

N/A

REQUIRED SIGNATURE:

Paulet L. Harrison

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.)

Paulet L. Harrison

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA