# 615000091504

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





100273042101

05/22/15--01012--002 \*\*130.00

15 HAY 22 PM 5: 58
TALLAHASSEE, FLORIBA

T. Busch MAY 26 CO

# **COVER LETTER**

	Registration Section Division of Corporations
SUBJECT	eBizTactics, LLC
SOBJEC!	Name of Limited Liability Company
The enclose	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	arn all correspondence concerning this matter to the following:
	Jason Peterman
	Name of Person
	eBizTactics, LLC
	Firm/Company
	1632 Stanford Road
·	Address
	Gulf Breeze FL 32563
	City/State and Zip Code
	jasonpeterman@jpetermanconsulting.com
	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	Jason Peterman 850 723-7383 at ( )
	Name of Person Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
\$125.00 F	

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

Street 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:** 

	~					
eBizTactics, LLC		Lishilita Care		C 10		
(Must e	end with the words "Limited	Liability Con	mpany, "L.L.C.," or "LL	J. )		
ARTICLE II - Address:						
The mailing address and stre	et address of the principal of	fice of the Li	mited Liability Compan	ıy is:		
Pric	ncipal Office Address:		Mailin	g Address:		
			<del></del>			
1632 Stanford Re	oad, Gulf Breeze FL 32563		1632 Stanford Road, O	Gulf Breeze F	L 3250	63
						<del></del>
						<del></del>
						<del>-</del>
ARTICLE III - Registered	Agent, Registered Office, &	Registered	I Agent's Signature:			<del></del>
(The Limited Liability Comp	oany cannot serve as its own	Registered A		te an individu		
(The Limited Liability Comp	oany cannot serve as its own	Registered A		te an individua	al or	
(The Limited Liability Companother business entity with	oany cannot serve as its own an active Florida registration	Registered Ap		te an individu	al or	<del></del>
(The Limited Liability Companother business entity with	oany cannot serve as its own an active Florida registration	Registered Ap		te an individua	al or	<del></del>
(The Limited Liability Companother business entity with	oany cannot serve as its own an active Florida registration	Registered Ap		te an individua	al or	<del></del>
ARTICLE III - Registered (The Limited Liability Companother business entity with The name and the Florida str	oany cannot serve as its own an active Florida registration reet address of the registered	Registered Ap		te an individua	al or 15 EAY 22	Manage of the state of the stat
(The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registration reet address of the registered  Jason Peterman	Registered Ap		te an individua	al or	pages man
(The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registration reet address of the registered  Jason Peterman  1632 Stanford Road	Registered Ap  agent are:  Name	gent. You must designa	TALLAHASSEE FL	alor 15 KAY 22 PH	Professional State of the State
(The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registration reet address of the registered  Jason Peterman	Registered Ap  agent are:  Name	gent. You must designa	TALLAHASSEE FL	alor 15 KAY 22 FH L: 5	page man
(The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registration reet address of the registered  Jason Peterman  1632 Stanford Road	Registered Ap  agent are:  Name	gent. You must designa	te an individual TALLAHAS SEEL FLORIDA	alor 15 KAY 22 PH to	Professional Control of the Control

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)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager AMBR	Jacon Potomore			
AMDR	Jason Peterman 1632 Stanford Road			
	Gulf Breeze FL 32563			
	1 · 1 · · · · · · · · · · · · · · · · ·			
ective date is listed, the date must be s	te of filing: May 21, 2015 . (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 d			
EV: Effective date, if other than the dat extive date is listed, the date must be suffiling.)	te of filing: May 21, 2015  pecific and cannot be more than five business days prior to or 90 demeet the applicable statutory filing requirements, this date will not be			
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department	te of filing: May 21, 2015  pecific and cannot be more than five business days prior to or 90 demeet the applicable statutory filing requirements, this date will not be			
E V: Effective date, if other than the date extive date is listed, the date must be sp filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.	te of filing: May 21, 2015  pecific and cannot be more than five business days prior to or 90 demeet the applicable statutory filing requirements, this date will not be			
E V: Effective date, if other than the date ective date is listed, the date must be sp filling.) the date inserted in this block does not ment's effective date on the Department	te of filing: May 21, 2015  pecific and cannot be more than five business days prior to or 90 demeet the applicable statutory filing requirements, this date will not be			
E V: Effective date, if other than the date ective date is listed, the date must be significant. The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REQUIRED SIGNATURE:	the of filing: May 21, 2015 (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 described and cannot be statutory filing requirements, this date will not be tof State's records.			
E V: Effective date, if other than the date ective date is listed, the date must be significant. The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man (In accordance with section)	meet the applicable statutory filing requirements, this date will not be tof State's records.  The meet the applicable statutory filing requirements, this date will not be tof State's records.  The meet or an authorized representative of a member. Extended to the statutes of the statutes of the statutes of the statutes of this documents.			
EV: Effective date, if other than the date ctive date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mean of the date of the d	the of filing: May 21, 2015 (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 described and cannot be statutory filing requirements, this date will not be tof State's records.			
E V: Effective date, if other than the date ective date is listed, the date must be significant. The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a magnificant (In accordance with seconstitutes an affirmatical am aware that any false)	meet the applicable statutory filing requirements, this date will not be to of State's records.  The member or an authorized representative of a member. Section 605.0203 (1) (b), Florida Statutes, the execution of this docume on under the penalties of perjury that the facts stated herein are true. See information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.)			

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)