

L15000/05761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

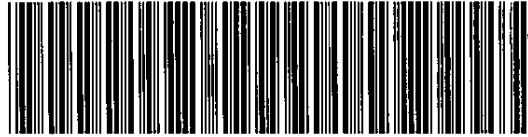
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/01/15--01027--010 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN 19 AM 10:48

W15-38988

06/22/15



RECEIVED

15 JUN 19 PM 12:02

FLORIDA DEPARTMENT OF STATE
Division of Corporations TALLAHASSEE, FLORIDA

June 3, 2015

SCOTT TITMUS
633 CHESTNUT STREET
SUITE 2000
CHATTANOOGA, TN 37450

SUBJECT: MUNICIPAL CITATION SOLUTIONS, LLC
Ref. Number: W15000038988

We have received your document for MUNICIPAL CITATION SOLUTIONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page #1 of the Application was not received. Please complete Page #1 of the Application and Return to my attention.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 415A00011698

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Municipal Citation Solutions, 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:

Scott Titmus

Name of Person

Municipal Citation Solutions, LLC

Firm/Company

633 Chestnut Street, Suite 2000

Address

Chattanooga, TN 37450

City/State and Zip Code

stitmus@municipalcitationsolutions.com

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

For further information concerning this matter, please call:

Isaiah Mouw

423

756-2771

at ()

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 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:

Municipal Citation Solutions, 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:

633 Chestnut Street, Suite 2000
Chattanooga, TN 37450

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:

Miles Terry

Name

Town Hall, 4501 North Ocean Drive

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

Lauderdale-By-The-Sea FL 33308

City

State

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.

Miles Terry
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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:

Scott Titmus, President

633 Chestnut Street, Suite 2000

Chattanooga, TN 37450

AMBR

Randy Jones, Senior Vice President

633 Chestnut Street, Suite 2000

Chattanooga, TN 37450

AMBR

Isaiah Mouw, Vice President

633 Chestnut Street, Suite 2000

AMBR

Ben Wolfley, Chief Financial Officer

633 Chestnut Street, Suite 2000

Chattanooga, TN 37450

(Use attachment if necessary)

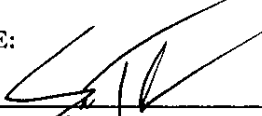
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

Scott Titmus

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)