

L15000110665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

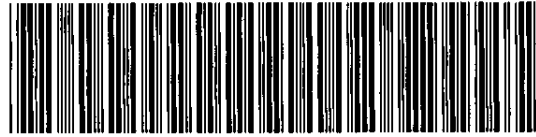
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300274425623

07/01/15--01008--020 \*\*130.00

APPROVED  
AND  
FILED

15 JUL - 1 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

15 JUL - 1 AM 9:40

DIVISION OF CORPORATION

15 JUL 1 2015

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TECCOM 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:

BOLANSON ADESHINA  
Name of Person

TECCOM LLC  
Firm/Company

P.O. Box 12003  
Address

TALLAHASSEE, FL 32317  
City/State and Zip Code

ADECOLL@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BOLANSON ADESHINA at (850) 264-1164  
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

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

Street Address

New Filing 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:

TECCOM 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:

1621 CROSSPOINT WAY

Principal Office Address:

P.O. BOX 12003  
TALLAHASSEE, FL 32317  
32308

Mailing Address:

P.O. BOX 12003  
TALLAHASSEE, FL 32317

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:

BOLANSON ABESHINA  
Name

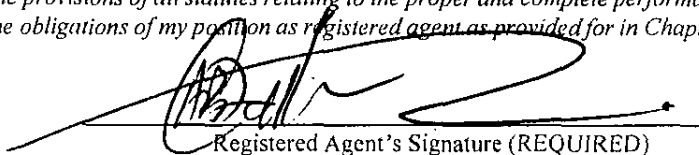
1621 CROSSPOINT WAY  
Florida street address (P.O. Box NOT acceptable)  
TALLAHASSEE FL 32308  
City State Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUL - 1 AM 9:42

APPROVED  
AND  
FILED

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)

**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

MGRM

**Name and Address:**

BOLANSON ABESHINA

P.O. BOX 12003

TALLAHASSEE, FL 32317

COPPERFIELD DAVIES

P.O. BOX 12003

TALLAHASSEE, FL 32317

(Use attachment if necessary)

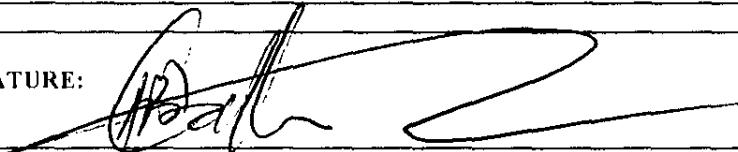
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or five 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.)

BOLANSON ABESHINA

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUL - 1 AM 9:42

APPROVED  
AND  
FILED