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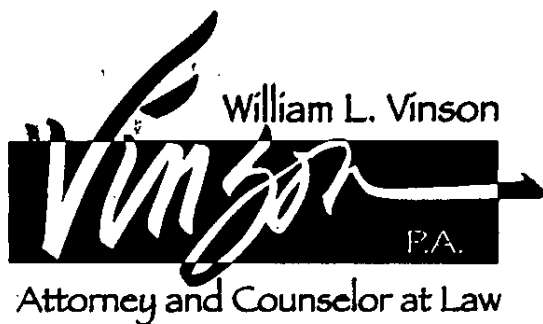
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FILED
2015 JUL 10 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 16 2015

T. BROWNE



110 South Levis Avenue
Tarpon Springs, FL 34689-4359
Phone: (727) 937-6113 Fax: (727) 938-1036
Email: Bill@WLVinson.com

July 8, 2015

TO: Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Michael D. Johnson LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

William L. Vinson
WILLIAM L VINSON PA
110 S. Levis Avenue
Tarpon Springs, FL 34689

E-mail address (to be used for future annual report notification):
miketerri617@yahoo.com

For further information concerning this matter, please call:

William L. Vinson at (727) 937-6113

Enclosed is a check for the following amount: \$160.00 Filing Fee, Certificate of Status
& Certified Copy (additional copy is enclosed)

Sincerely,

William L. Vinson

**ARTICLES OF ORGANIZATION
OF
ANCLOTE INNOVATIONS, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I – NAME

The name of the limited liability company is:

ANCLOTE INNOVATIONS, LLC, ("company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
1087 Muirfield Ct.
Tarpon Springs, FL 34688

Mailing Address:
1087 Muirfield Ct.
Tarpon Springs, FL 34688


**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Michael D. Johnson
1087 Muirfield Ct.
Tarpon Springs, Florida 34688

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.



Michael D. Johnson

ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"MGR" = Manager

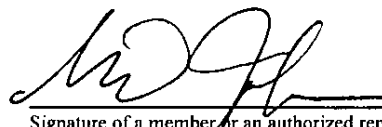
"AMBR" = Authorized Member

AMBR

Name and Address:

Michael D. Johnson
1087 Muirfield Ct.
Tarpon Springs, FL 34688

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.205(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael D. Johnson

Typed or printed name of signee