

L15000142527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

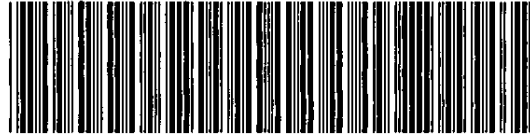
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15 AUG 24 PM 3:05

W15-51646

MD 8/25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Research Information Agency
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:

Doris Day Cromartie
Name of Person

Research Information Agency
Firm/Company

1250 N. Marion Street, Apt 317
Address

Tampa, Florida 33602
City/State and Zip Code

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

For further information concerning this matter, please call:

Doris D. Cromartie at (813) 452-9196
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2015

DORIS DAY CROMARTIE
1250 N. MARION STREET, APT.317
TAMPA, FL 33602

SUBJECT: RESEARCH INFORMATION AGENCY, LLC
Ref. Number: W15000051646

We have received your document for RESEARCH INFORMATION AGENCY, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 115A00016024

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Research Information Agency, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

15 AUG 24 PM 3:54

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Mobile Service
1250 N. Marion Street Apt 317
Tampa, Florida 33602
817 1250 N. Marion Street
Tampa, Florida 33602

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:

Doris Day Cromartie
Name
1250 N. Marion Street, Apt 317
Florida street address (P.O. Box **NOT** acceptable)
Tampa, Florida 33602
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..

Doris Day Cromartie
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

Manager

Manager

Name and Address:

Doris Day Cromartie
1250 N. Marion Street, Apt 317
Tampa, Florida 33602

Carolyn Sanders
2308 Marbella Creek Drive
Tampa, Florida 33615

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 21, 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.)

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:

Doris Day Cromartie

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Doris Day Cromartie
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)