

L15000143904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

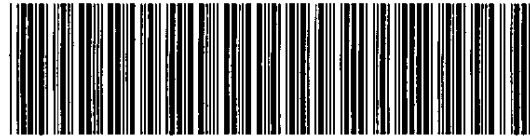
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/20/15--01010--010 **160.00

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15 AUG 20 PM 2:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

8/27/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NO LONGER SILENT 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:

Robert Trolan

Name of Person

NO LONGER SILENT LLC

Firm/Company

1101 6th AVE. W. Suite 204

Address

Bradenton, FL. 34205

City/State and Zip Code

rp.trolan@yahoo.com

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

For further information concerning this matter, please call:

Robert Trolan at (941) 524-0639

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

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15 AUG 20 PM 2:30
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 08/18/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name;

The name of the Limited Liability Company is:

NO LONGER SILENT LLC

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

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

1101 6th Ave. W #204
Bradenton, FL 34205

Mailing Address:

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:

Peter Lombardo - Esquire

Name

1101 6th Ave. W. Suite 204

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

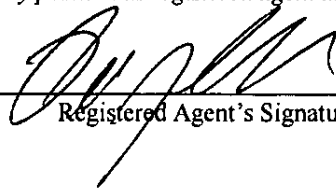
Bradenton FL 34205

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..



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

Name and Address:

SEE ATTACHED

(Use attachment if necessary)

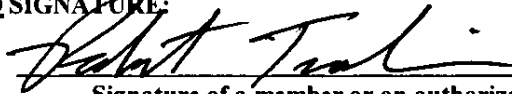
ARTICLE V: Effective date, if other than the date of filing: 8-18-2015 (OPTIONAL)

(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:



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.

Robert Trolan - vice President

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)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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AUTHORIZED MEMBERS

FOUNDER & CHAIRMAN OF THE BOARD

Jordan Mariah Battaglia
2926 61st Street W.
Bradenton, Fl. 34209

PRESIDENT

Sherrie Brown
705 3rd Ave. E. # 202
Palmetto, Fl. 34221

VICE PRESIDENT

Robert Trolan P.L. / L.A.
1101 6th Ave. W.
Suite 204
Bradenton, Fl. 34205

SECRETARY

Regina Smith
723 Manatee Ave.
Ellenton, Fl. 34222

TREASURER

Michelle Lyle
6904 12th Ave. NW
Bradenton, Fl. 34209

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BOARD OF DIRECTORS

Jordan Mariah Battaglia – Founder / Chairman of the Board

Sherrie Brown – President

Robert Trolan – Vice President

Regina Smith – Secretary

Michelle Lyle – Treasurer

Peter Lombardo, Esquire – Registered Agent

Sara McIntyre – Public Relations Director

Gerrie Stanhope – Vice Secretary

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