

L15000187106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

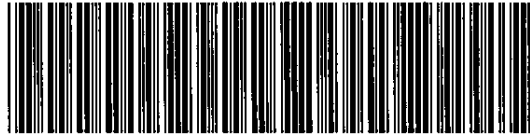
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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David Toback, Esq.
4511 N. Himes Ave., Suite 200
Tampa, Florida 33614

(813) 231-6036 Telephone
(813) 239-9313 Fax
david@davidthobacklaw.com

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SECRET
TALLAHASSEE, FLORIDA

October 29, 2015

New Filing Section
Division of Corporations
Attn: Ms. Haney
P.O. Box 6327
Tallahassee, FL 32314

RE: Homer and Chaucer, PLLC
W15000069826

Dear Ms. Haney:

I am writing in reference to the above-named professional limited liability company. After speaking with one of your representatives, I was informed that the filing was rejected due to payment not being included with the filing. I did instruct payment to be sent, but since the original payment was lost, I am including a substitute payment with this letter. Additionally, the "filed by" address for the LLC as shown on sunbiz.org is incorrect, which is probably why I did not receive your letter. The correct "filed by" address is as follows:

4511 N. Himes Ave., STE. 200
Tampa, FL 33614

Please correct the address.

Thank you for your assistance with this matter. Please contact me with any further concerns.

Very truly yours,



David Toback, Esq.

Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Homer and Chaucer, PLLC
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:

David Toback, Esq.

Name of Person

David Toback, Esq.

Firm/Company

4511 N. Himes Ave., STE. 200

Address

Tampa, FL 33614

City/State and Zip Code

david@davidtobacklaw.com

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

For further information concerning this matter, please call:

David Toback

813

231-6036

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

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

RECEIVED

15 OCT 12 PM 3:54

ARTICLE OF ORGANIZATION
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Homer and Chaucer, PLLC

(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:

1408 E. Hanna Ave.

Tampa, FL 33604

1408 E. Hanna Ave.

Tampa, FL 33604

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:

David Toback

Name

4511 N. Himes Ave., STE. 200

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

Tampa

FL

33614

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)

Page 1 of 2

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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:

Richard Fifer

1408 E. Hanna Ave.

Tampa, FL 33604

(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.
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.

David Toback

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)