

**L15000211273**

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(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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Office Use Only



**900279502959**

12/14/15--01027--012 \*\*125.00

EFFECTIVE DATE

*1/1/14*

FILED  
15 DEC 14 AM 11:43  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

DEC 23 2015

S. GILBERT

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ManageMy Tests, LLC  
Name of Limited Liability Company

FEID: 81-0784539

*Note: ManageMy Tests is  
all one word with no  
space; mIT in caps  
Thanks!*

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan Foster

Name of Person

ManageMy Tests, LLC

Firm/Company

1497 Market Street

Address

Tallahassee, FL 32312

City/State and Zip Code

JAY.FOSTER@CANOPYSOFTWARE.COM

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

For further information concerning this matter, please call:

Jay Foster

Name of Person

at ( 850 )

Area Code

508-2658

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:

Manage My Tests, LLC

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

NOTE: Manage My Tests is  
all one word with no spaces  
'm' 'm' and 'T' are  
capitalized.  
Thanks!

ARTICLE II - Address:

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

Principal Office Address:

1497 Market Street

Tallahassee, FL 32312

Mailing Address:

1497 Market Street

Tallahassee, FL 32312

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:

Jonathan Foster

Name

3458 Lenoir Mill Rd.

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

Tallahassee

City

FL

State

32309

Zip

FILED  
15 DEC 14 AM 11:43  
TALLAHASSEE, FLORIDA

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.

[Signature]  
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:**

AMBR

JONATHON FOSTER

345B Lense Mill Rd.

Tallahassee, FL 32309

AMBR

James Tillman

2312 Napoleon Bonaparte Drive

Tallahassee, FL 32308

(Use attachment if necessary)


**ARTICLE V:** Effective date, if other than the date of filing: 1/1/2016 (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.

Jonathon Foster

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)