

L16000039381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

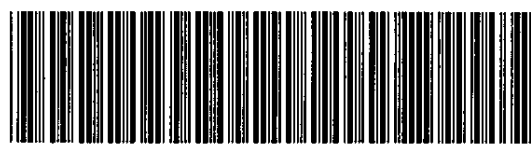
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

w/le-10155
2/24

Office Use Only



400280205494

01/25/16--01016--018 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JAN 25 AM 9:29

JAN 25 2016

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2016

MATTHEW T. BURKE CPA
1980 N ATLANTIC AVE
SUITE 707
COCOA BEACH, FL 32931

SUBJECT: BURKE & GALLAGHER CPAS, PLLC
Ref. Number: W16000010155

We have received your document for BURKE & GALLAGHER CPAS, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return 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.

Stacy Prather
Regulatory Specialist III

Letter Number: 516A00002875

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BURKE & GALLAGHER CPAs, 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:

MATTHEW T BURKE CPA

Name of Person

BURKE & GALLAGHER CPAs, PLLC

Firm/Company

1980 N ATLANTIC AVE SUITE 707

Address

COCOA BEACH FL 32931

City/State and Zip Code

MATTHEWCPA@BELLSOUTH.NET

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

For further information concerning this matter, please call:

MATTHEW T BURKE

321

784-6130

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BURKE & GALLAGHER CPAs, 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:

1980 N ATLANTIC AVE SUITE 707

COCOA BEACH FL 32931

Mailing Address:

1980 N ATLANTIC AVE SUITE 707

COCOA BEACH FL 32931

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:

MATTHEW T BURKE CPA

Name

1980 N ATLANTIC AVE SUITE 707

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

COCOA BEACH

FL

32931

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.

Matthew T. Burke CPA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JAN 25 AM 9:29

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:

MATTHEW T BURKE CPA

1980 N ATLANTIC AVE SUITE 707

COCOA BEACH FL 32931

AMBR

JUDY L GALLAGHER CPA

405 E STRAWBRIDGE AVE UNIT C

MELBOURNE FL 32901

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: FEBRUARY 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.

Public Accounting

REQUIRED SIGNATURE:

Matthew T. Burke CPA

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.

MATTHEW T BURKE CPA MGR

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JAN 25 AM 9:28