

L16000040321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

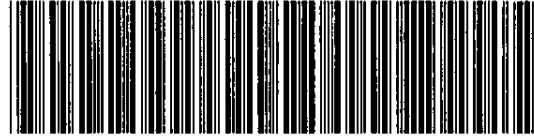
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 FEB 22 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

eg 2/22/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4 Accuracy Scoping 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:

Jerry T. Burchfield
Name of Person
4 Accuracy Scoping LLC
Firm/Company
12272 Autumnbrook Trail West
Address
Jacksonville, FL 32258
City/State and Zip Code
4accuracyscoping@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerry T. Burchfield 904 262-8751
Name of Person at (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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
16 FEB 22 PM 2:18

February 11, 2016

JERRY T. BURCHFIELD
12272 AUTUMNBROOK TRAIL WEST
JACKSONVILLE, FL 32258

SUBJECT: 4 ACCURACY SCOPING LLC
Ref. Number: W16000010617

We have received your document for 4 ACCURACY SCOPING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the city name in its entirety abbreviation is not acceptable.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 616A00002975

FILED
16 FEB 22 PM 3:51
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

4 Accuracy Scoping 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:

Mailing Address:

12272 Autumnbrook Trail West, ~~Box FL 32258~~

12272 Autumnbrook Trail West, ~~Box FL 322~~

JACKSONVILLE, FL 32258

JACKSONVILLE FL 32258

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:

Jerry T. Burchfield

Name

12272 Autumnbrook Trail West

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

Jacksonville

FL

32258

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
MGR

Name and Address:

Kristi M. Burchfield
12272 Autumnbrook Trail West
~~Jax FL 32258~~ JACKSONVILLE, Florida
32258

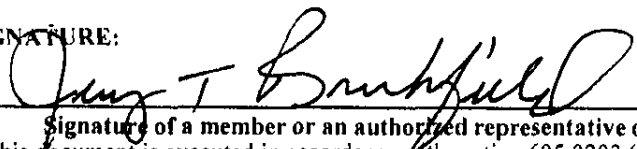
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/11/16 (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.

Jerry T. Burchfield
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