

L16000110008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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16 FEB -7 AM 10:35

W16-013853

✓ 06/08/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2016

JON KOVACH
1830 MCCAULEY RD.
CLEARWATER, FL 33765

SUBJECT: TIME AND CASH FREEDOM, LLC
Ref. Number: W16000013853

We have received your document for TIME AND CASH FREEDOM, LLC 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 registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 516A00003871

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Time and Cash Freedom, 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:

Jon Kovach

Name of Person

Firm/Company

~~1830 McCauley Rd~~

521 Mandalay Ave Unit 502 JK

Address Clearwater Beach, FL 33767 JK

~~Clearwater, FL 33765~~

City/State and Zip Code

jonkovach92@gmail.com

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

For further information concerning this matter, please call:

Jon Kovach

727

455-6220

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

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16 JUN - 7 AM 8:55
STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Time and Cash Freedom, LLC

(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:

~~1830 McCawley Rd~~ 521 Mandalay Ave Unit 502
~~Clearwater, FL 33765~~ Clearwater Beach, FL
33767

~~1830 McCawley Rd~~ 521 Mandalay Ave Unit 502 JK
~~Clearwater, FL 33765~~ Clearwater Beach, FL JK
33767 JK

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:

Jon Kovach

Name

~~1830 McCawley Rd~~

521 Mandalay Ave Unit 502 JK

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

Clearwater

Beach JK

FL

~~33765~~

33767 JK

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)

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STATE
16 JUN -7 PM 10:35

ARTICLE IV:

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Jon Kovach

1890 McCauley Rd

Clearwater, FL 33765

524 Mandalay Ave Unit 502
Clearwater Beach, FL 33767

JK

JK

(Use attachment if necessary)

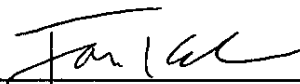
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Jon Kovach

Typed or printed name of signer

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 JUN -7 AM 10:35