## 116000138586

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800287929528

07/18/16--01007--016 \*\*130.00

TALLAHARRESE STALE

14

## **COVER LETTER**

	Registration Section Division of Corporations
SUBJEC	John R. Randall & Associates LLC
SUBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	John R. Randall
	Name of Person
	John R. Randall & Associates LLC
	Firm/Company
	720 Columbus Drive
	Address
	Tierra Verde, FL 33715
	City/State and Zip Code jrandall114@tampabay.rr.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	John Randall 727 867-5831 at ( )
	Name of Person Area Code Daytime Telephone Number
- Enclosed	is a check for the following amount:
	Filing Fee \$\sum_{\text{Certificate of Status}}\square \text{\$\sum_{\text{Certified Copy}}}\square \text{\$\sum_{\text{Certified Copy}}}\square \text{\$\text{Certified Copy}}\square \$\text{Cer
	Mailing Address  Street Address  New Filling Sections
	New Filing Section New Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

16 JUL 18 PM 3: 42

SEGRETARY OF STATE TALLAHASSEE FLORIDA

John R. Randall & Associates 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:

<u>Principa</u>	l Office Address:		Mailing Address:
720 Columbus Drive			720 Columbus Drive
Tierra Verde, FL 337	15		Tierra Verde, FL 33715
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac The name and the Florida street a	cannot serve as its ow ctive Florida registrati	n Registered A	d Agent's Signature: gent. You must designate an individual or
	John K. Kandan	Name	<del></del>
	720 Columbus Driv Florida street addre		OT acceptable)
	Tierra Verde	FL	33715
	City	State	7in

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

The name and address of each person aut	10 000 10 111
<u>Citle:</u>	Name and Address
AMBR" = Authorized Member	SECRETARY OF
MGR" = Manager	TALL AHASSEE 1
MGR	John R. Randall 720 Columbus Drive
	Tierra Verde, FL 33715
<del></del>	
<del></del>	·
V: Effective date, if other than the date ctive date is listed, the date must be specifiling.)	ecific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date ctive date is listed, the date must be sper filling.) the date inserted in this block does not ment's effective date on the Department of	ecific and cannot be more than five business days prior to or 9 neet the applicable statutory filing requirements, this date will no
f filing.)	ecific and cannot be more than five business days prior to or 9 neet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date ctive date is listed, the date must be sper filling.) the date inserted in this block does not ment's effective date on the Department of	neet the applicable statutory filing requirements, this date will not of State's records.
V: Effective date, if other than the date extive date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any.  REOUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 9 neet the applicable statutory filing requirements, this date will not of State's records.
CV: Effective date, if other than the date entire date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me	neet the applicable statutory filing requirements, this date will not of State's records.
V: Effective date, if other than the date extive date is listed, the date must be specifiling.) he date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me This document is execut I am aware that any false	neet the applicable statutory filing requirements, this date will not of State's records.  Carallel Manager Carallel State and a member.
V: Effective date, if other than the date extive date is listed, the date must be specifiling.) he date inserted in this block does not ment's effective date on the Department of VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me This document is execut I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State efelony as provided for in s.817.155, F.S.
V: Effective date, if other than the date entire date is listed, the date must be specifiling.)  the date inserted in this block does not ment's effective date on the Department of the view of the v	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State
CV: Effective date, if other than the date extive date is listed, the date must be specifiling.)  the date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me This document is execut I am aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State efelony as provided for in s.817.155, F.S.

Page 2 of 2