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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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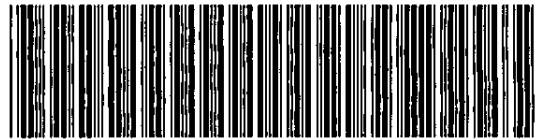
(Business Entity Name)

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16 SEP 12 PM 4:50  
TALLAHASSEE, FLORIDA

09-15-16

# **M. Meredith Kirste, P.A.**

ATTORNEY AT LAW

7928 U.S. Highway 441, Suite 3  
LEESBURG, FL 34788-8206

M. MEREDITH KIRSTE

TELEPHONE  
(352) 326-3455

FAX  
(352) 365-0055

September 8, 2016

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

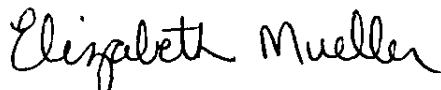
RE: Articles of Organization for Pate Services, LLC

To Whom It May Concern:

Enclosed please find a cover letter, Articles of Organization for Pate Services, LLC, a copy of the Articles of Organization, and a check for \$155.00 made out to Florida Department of State. The check covers the Filing Fee and a certified copy. A copy of the Articles of Organization is included. I have also enclosed a self-addressed, postage paid envelope so that the certified copy can be returned to our office.

If you have any questions regarding this matter, please contact me.

Sincerely,



Elizabeth Mueller  
Secretary to M. Meredith Kirste

Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Pate Services, 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:

Beth Mueller  
Name of Person  
M. Meredith Kirste, P.A.  
Firm/Company  
7928 U.S. Highway 441, Suite 3  
Address  
Leesburg, FL 34788  
City/State and Zip Code  
mmkirste@earthlink.net and bethmueller@earthlink.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth Mueller at ( 352 ) 326-3455  
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:

Pate Services, 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:

300 Water Shore Drive  
Leesburg, FL 34748

Mailing Address:

300 Water Shore Drive  
Leesburg, FL 34748

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:

James Colson Pate

Name

300 Water Shore Drive

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

Leesburg

Florida

34748

City

State

Zip

FILED  
STATE  
TALLAHASSEE, FLORIDA

16 SEP 12 PM 4:50

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*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..*

James Colson Pate  
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 / AMBR

**Name and Address:**

James Colson Pate

300 Water Shore Drive

Leesburg, FL 34748

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(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:**

James Colson Pate

**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.

James Colson Pate

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)**