

617000044790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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17 FEB 29 PM 5:19

M. MOON
FEB 28 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

17 FEB 28 PM 1:48

BUREAU OF COMMERCIAL
INFORMATION SERVICES

February 8, 2017

TERRANCE KELLY
8615 SAMONA DRIVE WEST
JACKSONVILLE, FL 32208

SUBJECT: TOP KNOTCH INSTALLATIONS, LLC
Ref. Number: W17000011577

We have received your document for TOP KNOTCH INSTALLATIONS, 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.

The document must be signed by a member or an authorized representative of a member.

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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 017A00002598

17 FEB 28 PM 5:19

SEP 11 2017 11:41 AM
2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Top Knotch Installations, 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:

Terrance Kelly

Name of Person

Top Knotch Installations

Firm/Company

8615 Samona Drive West

Address

Jacksonville, FL 32208

City/State and Zip Code

Tlkelly8615@gmail.com

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

For further information concerning this matter, please call:

Terrance Kelly

Name of Person

at (904) 219-8646

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

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

Street/Courier Address

Registration 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:

Top Knotch Installations, 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:

8615 Samona Drive West
Jacksonville, FL 32208

Mailing Address:

8615 Samona Drive West
Jacksonville, FL 32208

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:

Terrance Kelly

Name

8615 Samona Drive West

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

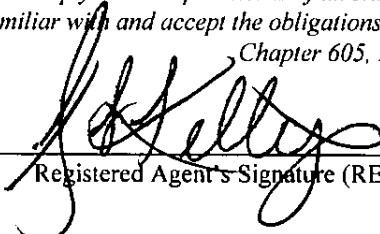
Jacksonville

FL 32208

City

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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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:

Terrance Kelly

8615 Samona Drive West

Jacksonville, FL 32208

(Use attachment if necessary)

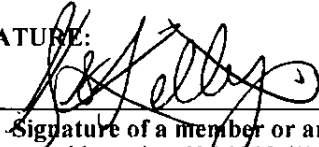
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

ARTICLE VI: Other provisions, if any.

See attached sheet titled, Top Knotch Installations, LLC Operating Agreement.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

Terrance Kelly

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)

17 FEB 28 PM 5:19

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FILED
JAN 14 2019