

L170000087216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

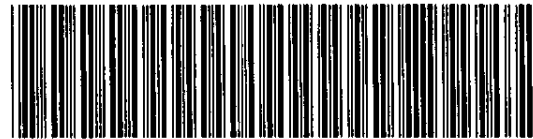
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T SCHROEDER

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Trusted Leads, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alissha Leonor
Name of Person

Trusted Leads, LLC
Firm/Company

5301 N Federal Hwy Ste 250
Address

Boca Raton, FL 33487
City, State and Zip Code

Alissha@trustedleads.net
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Alissha Leonor at: _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$150.00 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
Citifon Building
260 Executive Center Circle
Tallahassee, FL 32310

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Trusted Leads, LLC

(Must contain 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:

5301 N Federal Hwy
Suite 250
Boca Raton, FL 33487

Mailing Address:

5301 N Federal Hwy
Suite 250
Boca Raton, FL 33487

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:

Schimeon Frederick

Name

5301 N Federal Hwy Ste 250

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

Boca Raton, FL 33487

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 acknowledge with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

[Signature]
Registered Agent's Signature (RI OR RLD)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMMB" - Authorized Member

"MGR" - Manager

MEMBER

Name and Address:

Schimmon Frederick
5301 N. Federal Hwy. Ste 350
Boca Raton, FL 33487

(See 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 (20)(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 817.13, F.S.

Schimmon Frederick

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)

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