

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : 120150000107 Phone : (941)625-1925 : (941)625-1526 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO.

John A. Selph Adjusting LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARTICLE I - Name: The name of the Limited Liability Company is: John A. Selph Adjusting 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: Mailing Address:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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:

14339 Palmer Avenue

Port Charlotte, FL 33953

John A. Selph		
	Name	
14339 Palmer Aven	ue	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	ceptable)
Port Charlotte	FL	33953
City	Sinte	Zip

14339 Palmer Avenue

Port Charlone, FL 33953

Having been named as registered agent and to accept service of process for the above stated limited liability company of 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 pravisions 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)

Title:	Same and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	John A. Setph
A.MDR	14339 Palmer Avenue
	Port Charlotte, FL 33953
	
	
	
	
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