

L18000006929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

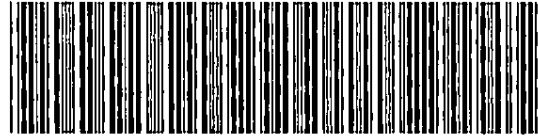
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KK.PPAGSE
JAN 22 2018

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Tepsick Insurance Agency 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:

Gary Henriksen

Name of Person

Ironclad Tax Accounting LLC

Firm/Company

328 Emmalee Place

Address

The Villages FL 32162

City/State and Zip Code

ironfinl@comcast.net

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

For further information concerning this matter, please call:

Gary Henriksen 352 350-1733
at ()
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

December 6, 2017

Florida Department of State
Division of Corporations
Attn: Keyna E. Page, Regulatory Specialist II
PO Box 6327
Tallahassee, FL 32314

Re: Your Letter 317A00023717 Tepsick Insurance Agency, LLC


Dear Ms. Page,

Please find enclosed signed Articles of Organization that were not originally signed by the applicable member of the Limited Liability Company.

In addition, you also find an affidavit stating the business name can be utilized prior to the 120 day limitation.

Thank you.

Sincerely,


Yvonne C. Tepsick
Sole Member

2635 Radley Lane
The Villages, FL 32162

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17 DEC 18 PM 3:10

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tepsick Insurance Agency 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:

2635 Radley Lane

The Villages FL 32162

Mailing Address:

2635 Radley Lane

The Villages FL 32162

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:

Yvonne C. Tepsick

Name

2635 Radley Lane

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

The Villages

FL

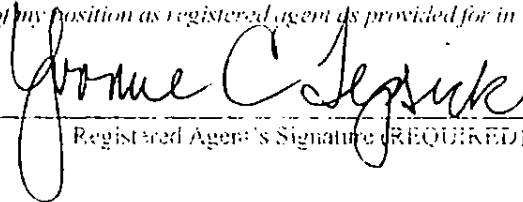
32162

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 and further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and 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

MBR

Name and Address:

Yvonne C. Tepsick

2635 Radley Lane

The Villages FL 32162

N/A

N/A

N/A

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: November 15, 2017 (OPTIONAL)

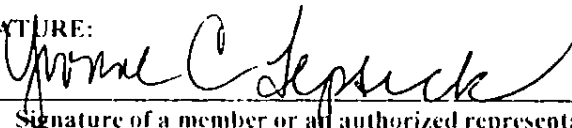
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

None

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statute.
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.

Yvonne C. Tepsick

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)

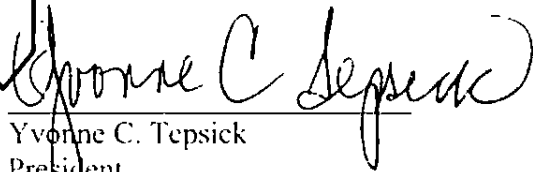
\$ 5.00 Certificate of Status (Optional)

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AFFIDAVIT

To Whom It May Concern:

As the President and sole shareholder of the former entity, Tepsick Insurance Agency, Inc., I, the undersigned, hereby state that I have no intention of revoking the Corporate Dissolution that I filed with the Florida Secretary of State on October 23, 2017, thus, releasing the name of Tepsick Insurance Agency to be used for another entity. The purpose of my filing the dissolution was to release the name so that I could re-file as a Sole Member Limited Liability Company, which I have done.



Yvonne C. Tepsick
President
Tepsick Insurance Agency, Inc.

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