

L18000034621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

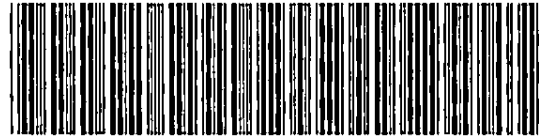
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000308571710

02/07/18--01016--020 **125.00

FILED
18 FEB -7 AM 9:06
CLERK OF STATE
TALLAHASSEE, FL 32309

N CULLIGAN

FEB 9 2018



**TTC BUSINESS
SOLUTIONS**

2703 Jones Franklin Road, Suite 205
Cary, North Carolina 27518
Tel. (888) 892-3040
Fax (270) 477-4574
TTCBusinessSolutions.com

February 1, 2018

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

RE: RHONDARELEASES LLC
Articles of Organization

Dear Sir or Madam:

Enclosed please find Articles of Organization for the Limited Liability Company for RhondaReleases LLC as well as a check in the amount of \$125.00 for the filing fee associated with this filing.

Thank you for your time and attention to this matter. Please call if you have any questions on the same.

Very truly yours,

TTC Business Solutions

Enclosures: as stated
cc:RC

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: RhondaReleases 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:

Matthew H. Swyers
Name of Person
TTC Business Solutions
Firm/Company
2703 Jones Franklin Rd. Ste 205
Address
Cary, NC 27518
City/State and Zip Code
info@ttcbusinesssolutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew H. Swyers 888 892-3040
Name of Person at () 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:

RhondaRealeases 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>224 South L Street</u>	<u>P.O. Box 821</u>
<u>Lakeworth, FL 33460</u>	<u>Lake Worth, FL 33460</u>

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:

<u>Rhonda Cocherell</u>		
Name		
<u>224 South L Street</u>		
Florida street address (P.O. Box NOT acceptable)		
<u>Lakeworth</u>	<u>FL</u>	<u>33460</u>
City	State	Zip

FILED
18 FEB -7 AM 9:06
STATE OF FLORIDA
TALLAHASSEE

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..

DocuSigned by:
Rhonda Cocherell
CA71A77803F427A
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

AMBR

Name and Address:

Rhonda Cocherell

P.O. Box 821

Lake Worth, FL 33460

(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:

DocuSigned by:

Rhonda Cocherell

CA71AF2603F44FA

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.

Rhonda Cocherell

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 FEB - 7 AM 9:06

FILED