

L18 000 117 156

(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



500313043435

05/08/18--01030--027 **125.00

FILED
18 MAY -8 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE

MAY 14 2018



**TTC BUSINESS
SOLUTIONS**

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

May 3, 2018

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

**RE: MY OTHER CASE LLC
Articles of Organization**

Dear Sir or Madam:

Enclosed please find Articles of Organization for the Limited Liability Company for My Other Case 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: RO

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: My Other Case 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 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 Swyers

888

892-3040

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

My Other Case 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:

2016 Gold Spring Cove
Kissimmee, FL 34743

2016 Gold Spring Cove
Kissimmee, FL 34743

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:

Roberto Olguin

Name

2016 Gold Spring Cove

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

Kissimmee

FL

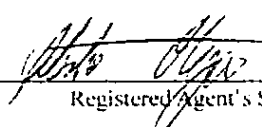
34743

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 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)

FILED

18 MAY -8 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Roberto Olguin

2016 Gold Spring Cove

Kissimmee, FL 34743

(Use attachment if necessary)

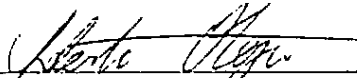
ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)

(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:



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.

Roberto Olguin

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)

FILED
18 MAY -8 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA