

L18000162902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

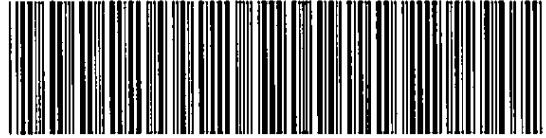
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Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA
~~18 JUL 11 9:55 AM~~

7/5/18

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SECRETARY OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA
18 JUL -5 AM 9:55

RK 7/5/18

Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: COLLEY GROUP & ASSOCIATES LLC

The enclosed Articles of Organization and Fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert M. Cimino, E.A.
Robert M. Cimino Inc.
845 8th Street
Vero Beach, FL 32962

robert@robertciminoinc.comcastbiz.net

For further information concerning this matter, please call:

Robert M. Cimino at 772-562-1659

Enclosed is a check for the following amount:

A check for \$130.00 Filing Fee & Certificate of Status is enclosed.

SECRETARY OF STATE
DIVISION OF CORPORATION
18 JUN 11 AM 8: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
DIVISION OF CORPORATION
18 JUL -5 AM 9: 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is Colley Group & Associates LLC.

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4426 33rd Avenue
Vero Beach, FL 32967

Mailing Address:

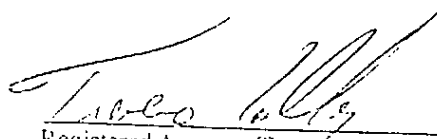
4426 33rd Avenue
Vero Beach, FL 32967

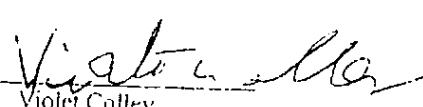
ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida Street Address of the registered agent are:

Treveno Colley
4426 33rd Avenue
Vero Beach, FL 32967

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 proved for in Chapter 605.F.A.


Registered Agent: Treveno Colley


Violet Colley

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TALLAHASSEE, FLORIDA

ARTICLE IV

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

<u>Title</u>	<u>Name and Address:</u>
MGMR	Treveno Colley 4426 33 rd Avenue Vero Beach, FL 32967
MGMR	Violet Colley 3475 44 th Street Vero Beach, FL 32967

ARTICLE V: Effective Date, if other than the date of filing July 15, 2018

ARTICLE VI: Other provisions, if any:

None

REQUIRED SIGNATURE:

X Treveno Colley X Violet Colley
 Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this Document constitutes an affirmation under the penalties of perjury that the facts stated here in are true. 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.817.11(1)(S).)

Treveno Colley Violet Colley
Typed or Printed Name of Signers

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