

L18 000 181 287

(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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07/30/18--01001--008 \*\*125.00

18 JUL 27 PM 4:41

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JUL 27 2018

FILED  
2018 JUL 27 PM 5:00  
CLERK OF COURT  
IN ASSISTANCE OF CLERK

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT:

Protect My New Home

Name of Limited Liability Company

LLC - cm

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

Please return all correspondence concerning this matter to the following:

CARL THOMAS

Name of Person

Protect My New Home

Firm/Company

LLC - cm  
~~Business~~

1700 N. Monroe Street # 11-350

Address

Tallahassee

TLH

FL

32303

City/State and Zip Code

~~ADMIN @ SBMSCENTRAL.COM~~ - cm

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

CARL @ PROTECTMYNEWHOME.COM

For further information concerning this matter, please call:

CARL THOMAS

at (

850

) 270-6048

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:

PROTECT MY NEW HOME, 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:

2323 Hansen Ct  
TLH FL 32301  
Tallahassee

Mailing Address:

1700 N. MONROE STREET  
UNIT 11-350  
TLH, FL 32303

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:

CARL THOMAS

Name

1700 N. MONROE ST. # 11-350

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

TLH FL 32303

City

State

Zip

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.,

C

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

2011 JUL 27 PM 5:00

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

Name and Address:

\_\_\_\_\_

MGR

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CARL THOMAS

2323 HANSEN CT

TLH FL 3230

Tallahassee

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

CARL THOMAS

Typed or printed name of signer

**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  
2008 JUL 27 PM 5:00  
DEPT. OF STATE  
TALLAHASSEE, FL