

L18000196036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☒

WAIT

☐

MAIL

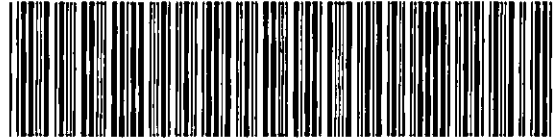
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900317204529

08/16/18--01016--001 **160.00

RECEIVED

18 AUG 16 AM 10:13

DEPARTMENT OF REVENUE
DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA

FILED

2018 AUG 16 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: T&M ENTERPRISES OF NAVARRA, 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:

Andrew Michael Albritton
Name of Person

T&M ENTERPRISES OF NAVARRA, LLC
Firm/Company

3008 ALFRED BLVD
Address

NAVARRA, FL 32561
City/State and Zip Code

T.M. ENTERPRISES NAVARRA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marisa J. Albritton at (512) 294-3392
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:

TEAM ENTERPRISES OF NAVARRE, 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:

3008 Alfred Blvd
Navarre, FL 32566

Mailing Address:

3008 Alfred Blvd
Navarre, FL 32566

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:

Andrew Michael Albritton
Name

3008 Alfred Blvd

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

Navarre, FL 32566
City State Zip

2018 AUG 16 AM 10:37
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Andrew M. Albritton

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

MGR

AMBR

AMBR

AMBR

Name and Address:

Andrew Michael Albrighton
3008 AIFRED BLVD
NAVARRE, FL 32564

Marisa Joy Albrighton
3008 AIFRED BLVD
NAVARRE, FL 32566

TAMMY Matthews-LANDRY
17186 RENNES RD
PRairieville, La 70769

Patricia Matthews-LANDRY
17186 RENNES RD
PRairieville, La 70769

(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:

Andrew Michael Albrighton

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.

Andrew Michael Albrighton

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)

2018 AUG 16 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED