

L18000232154

(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



100319149471

10/01/18--01022--027 **125.00

K. PAGE
OCT 03 2018

SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 OCT -1 PM 2:21
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

Subject: Troy P Ledford LLC

The enclosed Articles of Organization and Fees in the amount of \$125.00 are submitted for filing.

**Please return all correspondence concerning this matter to:
Troy P Ledford at 100430 Overseas Hwy Key Largo, FL 33037**

**Should you need any further information concerning this matter,
please call me at 305-345-2469 or E-mail me at
troyledford@cbschmitt.com .**

Thank You,


Troy P Ledford

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Troy P Ledford 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:

100430 Overseas Hwy Key Largo, Fl 33037

Mailing Address:

100430 Overseas Hwy Key Largo, Fl 33037

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:

Troy P Ledford

Name

100430 Overseas Hwy

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

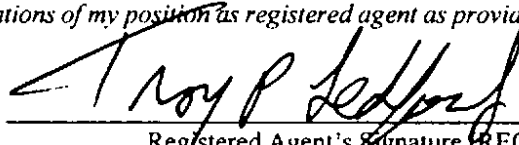
Key Largo Fl 33037

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)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 OCT -1 PM 2:21
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:

Troy P Ledford

100430 Overseas Hwy

Key Largo, FL 33037

(Use attachment if necessary)

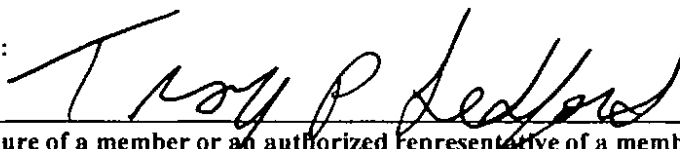
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Troy P Ledford

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)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
18 OCT -1 PM 2:21