

L180000250962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

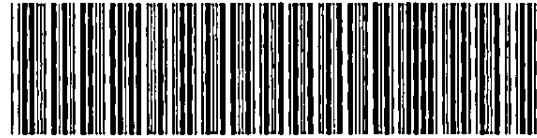
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/28/18--01009--033 **160.00

K. PAGE
OCT 29 2018

DEPT. OF STATE
DIVISION OF CORPORATIONS
18 OCT 25 AM 4:33
TALLAHASSEE, FLORIDA

Todd J. Zielinski

2632 SE 30th Place, Ocala, FL 34471
352-209-1053 | tzielinski352@gmail.com

September 26, 2018

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

Dear Representative:

Please accept the attached application to incorporate Strategic Engineering Associates, LLC. You may contact me either by the email or phone number listed if you have any questions.

Sincerely,



Todd Zielinski



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2018

TODD J. ZIELINSKI
2632 SE 30TH PLACE
OCALA, FL 34471

SUBJECT: STRATEGIC ENGINEERING ASSOCIATES, LLC
Ref. Number: W18000087415

We have received your document for STRATEGIC ENGINEERING ASSOCIATES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 418A00020433

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Strategic Engineering Associates, 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:

2632 SE 30th Place
Ocala, FL 34471

Mailing Address:

2632 SE 30th Place
Ocala, FL 34471

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:

Robert H. Schoepf

Name

1111 NE 25th Ave, Suite 103

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

Ocala

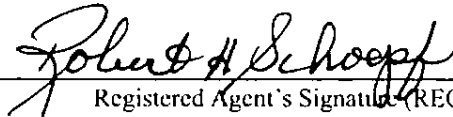
FL 34470

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 CORPORATION
18 OCT 25 AM 4:33
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:

Todd J. Zielinski

2632 SE 30th Place

Ocala, FL 34471

AMBR

Kimberly J. Zielinski

2632 SE 30th Place

Ocala, FL 34471

(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.

Todd J. Zielinski

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)

STATE OF FLORIDA
DIVISION OF CORPORATION
18 OCT 25 AM 4:33
TALLAHASSEE, FLORIDA