

L190000004250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

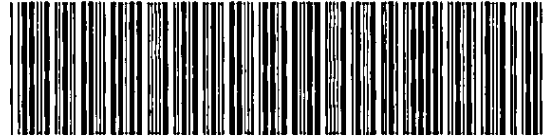
Certified Copies _____ Certificates of Status _____

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JAN - 9 2019



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19 JAN - 8 PM 2:40
JAN 9 2019
JAN 9 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 26, 2018

COOGAN ALEX LEE LETHCO
75 KING STREET, STE 114
ST AUGUSTINE, FL 32084

SUBJECT: C.A.L.L. LLC.
Ref. Number: W18000109790

We have received your document for C.A.L.L. 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

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: 918A00026282

Sorry, we are requesting a
Change to CALLTUX, LLC

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: C.A.L.L.L.L.C.
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:

Coogan Alex Lee Lethco

Name of Person

St. Augustine Tuxedo & Suits

Firm/Company

75 King Street Suite 114

Address

St. Augustine, Florida 32084

City/State and Zip Code

Coogan.sats@gmail.com

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

For further information concerning this matter, please call:

Coogan Lethco

904

826-0462

at ()

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~CALTEX LLC~~ CALLTUX, 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:

75 King Street
Suite 114
St Augustine, Florida 32084

Mailing Address:

75 King Street
Suite 114
St Augustine, Florida

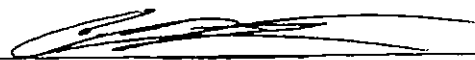
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Coogan Alex Lee Lethco
Name
75 King Street Suite 114
Florida street address (P.O. Box **NOT** acceptable)
St Augustine FL 32084
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)

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PAUL THASSEE, FLO 0002

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

Name and Address:

Coogan Lethco

75 King Street Suite 114

St. Augustine, Florida 32084

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Jan. 01, 2019, (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.

Coogan Lethco

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)

FILED
JAN 08 2019
19 JAN -8 PM 2:40
TALLAHASSEE, FLORIDA