

L190000065186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

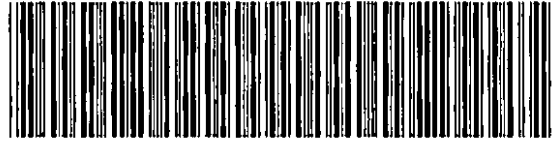
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400325585264

03/07/19 - 0100 - 019 - 130,00

719A00005193

C RICO  
MAR 07 2019

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 MAR -7 PM 12:05

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Forensic Investigative Solutions  
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:

Charles B. Boswell  
Name of Person

Forensic Investigative Solutions  
Firm/Company

P.O. Box 5515  
Address

Plant City FL 33563  
City/State and Zip Code

cboswell3260@gmail.com  
E-mail address: (to be used for future annual report notification)

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
19 MAR -7 PM 12:15

For further information concerning this matter, please call:

Charles Boswell at ( 813 ) 842-4488  
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:

Forensic Investigative Solutions 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:

Mailing Address:

Forensic Investigative Solutions Forensic Investigative Solutions  
1306 W. Holloway Rd. P.O. Box 5515  
Plant City, FL 33567 Plant City, FL 33563

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:

Charles B. Boswell  
Name  
1306 W. Holloway Rd  
Florida street address (P.O. Box NOT acceptable)  
Plant City, FL 33567  
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.

Charles B. Boswell  
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

President

**Name and Address:**

Charles B. Boswell

1306 W. Holloway Rd.

Plant City FL 33567

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: March 15, 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.

Charles B. Boswell

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  
CLERK OF STATE  
DIVISION OF CORPORATION  
19 MAR -7 PM 12:15