

L19000070345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

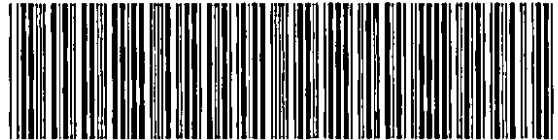
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



400325837714

03/11/19--01030--013 **125.00

FILED
19 MAR 11 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

MAR 20 2019

COVER LETTER

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

SUBJECT: TRUST, 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:

Bruce Knox

Name of Person

Firm/Company

9716 Wild Oak Drive

Address

Windermere, Florida 34786

City/State and Zip Code

bruce@knoxhort.com

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

For further information concerning this matter, please call:

Bruce Knox

407

9489618

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

AFFADAVIT OF WILLIAM C. VOIGHT, II
ALLOWING USE OF THE NAME TRUST, LLC,
A DISSOLVED FLORIDA LIMITED LIABILITY COMPANY

The undersigned, William Voight, hereby states:

1. My name is William C. Voight, II and I am a resident of Florida, whose office address is 7680 Universal Blvd., Suite 565, Orlando, Florida 32821.
2. On June 6, 2017, I filed Articles of Organization for **Trust, LLC** with the Secretary of State of Florida.
3. I was a Managing Member of the company with full authority to bind the company.
4. On September 28, 2018 the Company was administratively dissolved. This date is less than one year from the present date.
5. It is the intention of the company and its members to abandon the filing and to consent that the name, **TRUST, LLC**, may be used by third parties.



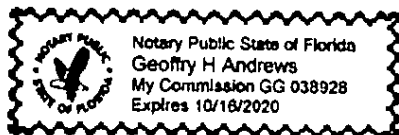
William C. Voight, II

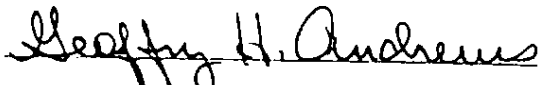
February 26, 2019

STATE OF FLORIDA COUNTY OF ORANGE

This instrument was acknowledged before me on this 26th day of February 2019, by William C. Voight, II who is personally known to me X or who has produced _____ as identification.

SEAL:





Notary Public in the State of Florida

My Commission Expires: 10/16/2020

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRUST, 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:

9716 Wild Oak Dr.
Windermere, Florida 34786

Mailing Address:

9716 Wild Oak Dr.
Windermere, Florida 34786

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:

Bruce Knox

Name

9716 Wild Oak Dr.

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

Windermere

Florida

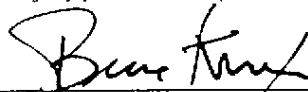
34786

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)

FILED
19 MAR 11 AM 9:08
SUCCESSION STATE
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:

Bruce Knox

9716 Wild Oak Drive

Windermere, Florida 34786

FILED
19 MAR 11 AM 9:08
CLERK OF THE COURT
HALL COUNTY, FLORIDA

(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:

Bruce Knox

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.

Bruce Knox

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)