

L19000103577

(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



100328401661

FILED

2019 APR 23 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/24/19--01006--003 **160.00

RECEIVED

19 APR 24 AM 8:45

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

APR 24 2019

K Brumbley

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LM3 Solutions 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:

Marvin R. Scott
Name of Person

LM3 Solutions
Firm/Company

504-A Capital Circle SE
Address

Tallahassee, FL 32301
City/State and Zip Code

m.scott.famu@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marvin R. Scott at 850 , 556-8641
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:

LM3 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:

504-A Capital Circle SE
Tallahassee, FL 32301

Mailing Address:

504-A Capital Circle SE
Tallahassee, FL 32301

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:

Marvin R. Scott
Name
191 Cotillion Circle
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32312
City State Zip

FILED
2019 APR 23 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

[Signature]
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

MGR

MGR

Name and Address:

Marvin R. Scott

504-A Capital Circle SE

Tallahassee, FL 32301

Lesley M. Scott

504-A Capital Circle SE

Tallahassee, FL 32301

(Use attachment if necessary)

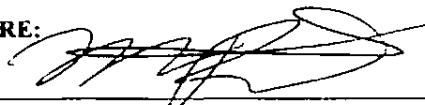
ARTICLE V: Effective date, if other than the date of filing: April 15, 2019 (OPTIONAL)

(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.

Marvin R. Scott

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)

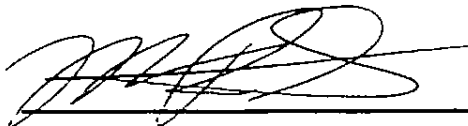
April 12, 2019

I, Marvin Scott, Sr., manager of LM3 Solutions, LLC have no intention of reinstating document number L17000245414, entity name LM3 Solutions, LLC.

As manager of LM3 Solutions, LLC I do hereby release the name so it may be reused. Therefore, I wish to fill the same name, LM3 Solutions, LLC as a new Florida Limited Liability Company.
(See attachment)

Marvin R. Scott
Manager's Name (Please print)

4/12/19
Date Signed


Signature of Manager