

L19000271308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

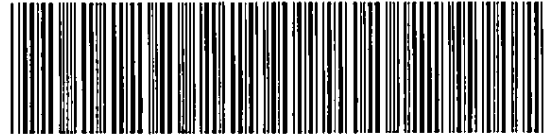
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300337019853

11/14/19--01007--001 **130.00

19 NOV 16 11 59 15

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BOOK MASTERS Tax Firm
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:

327 OFFICE PLAZA DRIVE SUITE 206
Address
TALLAHASSEE Florida 32301
City/State and Zip Code
brinsonglendoria@gmail.com
E-mail address: (to be used for future annual report notification)

19 NOV 14 AM 11:19

For further information concerning this matter, please call:

Glendoria Reed at (850) 345-4752
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

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

Book Masters Tax Firm, 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>327 Office Plaza Drive Suite 206</u>	<u>327 Office Plaza Drive Suite 206</u>
<u>Tallahassee, Florida 32301</u>	<u>Tallahassee Florida 32301</u>

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:

Glendora A. Reed
Name

327 Office Plaza Drive Suite 206
Florida street address (P.O. Box NOT acceptable)

Tallahassee Florida 32301
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.,

Glendora A. Reed
Registered Agent's Signature (REQUIRED)

(CONTINUED)

NOV 14 2011 1:13 PM

FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Managing Authorized Member

Name and Address:

Glendora A. Reed

327 Office Plaza Drive SW 206
Tallahassee Florida 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV 14 AM 11:19

(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:

Glendora A. Reed

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.

Glendora A. Reed

Typed or printed name of signer

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)