

L20000028124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

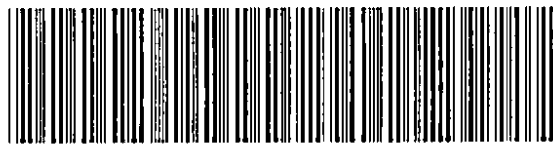
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/30/20--01005--002 **130.00

FILED

2020 JAN 29 PM 4:25

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20 JAN 29 PM 4:25

11 10 20

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. T & J of Brooksville, LLC

(Corporation Name)

Document #

2. _____

(Corporation Name)

Document #

☒ Walk in

____ Pick up time _____

____ Mail out

____ Will wait

____ Photocopy

____ Certified Copy

____ Apostil

☒ Certificate of Status

NEW FILINGS

____ Profit

____ Not for Profit

____ Limited Liability

____ Domesitication

____ Other

AMMENDMENTS

☒ Amendment

____ Resignation of R.A. Officer/Director

____ Change of Registered Agent

____ Dissolution/Withdrawal

____ Merger

OTHER FILINGS

____ Annual Report

____ Fictitious Name

REGISTRATION/QUALIFICATIONS

____ Foreign

____ Limited Partnership

____ Reinstatement

____ Trademark

____ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: T & J of Brooksville 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:

Tom MAY
Name of Person

Firm/Company

308 Kelsey Park Circle
Address

PALM BEACH GARDENS, FL. 33410
City/State and Zip Code

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

For further information concerning this matter, please call:

Tom MAY at (561) 385-0462
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

T & J of Brooksville 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:

308 KEISLEY PARK CIR.

SAME

PALEMBACH GARDENS FL

33410

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:

CRAIG KELLEY Esq.

Name

1665 Palm Beach Lakes Blvd

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

West Palm Beach Florida 33401

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..

CRAIG KELLEY

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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JUN 29 PM 4:25
TALLAHASSEE, FLA.

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

JENN Y MAY
305 KEOSEY PARK CIR
PALM BEACH GARDENS, FL 33410

MGR

TOM MAY
305 KEOSEY PARK CIR
PALM BEACH GARDENS, FL 33410

(Use attachment if necessary)

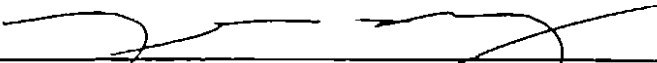
ARTICLE V: Effective date, if other than the date of filing: 1/28/2020. (OPTIONAL.)

(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 605.0205 (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.

TOM MAY MGR
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)