

L20000103161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

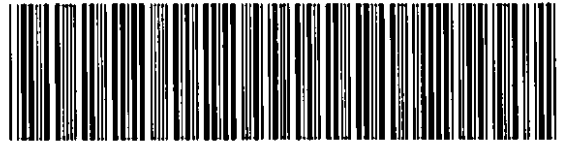
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W20000021935

Office Use Only



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2020 APR 13 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

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

BRADLEY SPECK, LLC

SUBJECT: _____
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:

MICHAEL J. ROZUM, ESQ.

Name of Person

MICHAEL J. ROZUM, PLLC

Firm/Company

4830 W. KENNEDY BLVD. SUITE 600

Address

TAMPA, FLORIDA 33609

City/State and Zip Code

MICHAELJROZUMPA@GMAIL.COM

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

For further information concerning this matter, please call:

MICHAEL J. ROZUM, ESQ. 727 777-2728

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2020

MICHAEL J. ROZUM, PLLC.
4830 W KENNEDY BLVD, STE 600
TAMPA, FL 33609

SUBJECT: BRADLEY SPECK, LLC
Ref. Number: W20000021935

We have received your document for BRADLEY SPECK, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Shondrea M Bellenger
Regulatory Specialist II

Letter Number: 920A00004430

2020 APR 13 PM 2:57

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

I. ARTICLE I – Name:

The name of the Limited Liability Company is:

BRADLEY SPECK, LLC

II. ARTICLE II – Address:

The Mailing Address of the Limited Liability Company is:

PO BOX 8968
TAMPA, FLORIDA 33674

The Principal Office Address of the Limited Liability Company is:

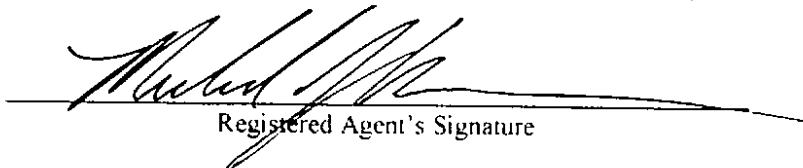
4830 W. KENNEDY BLVD. SUITE 600
TAMPA, FLORIDA 33609

III. ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The Name and Florida street address for the Registered Agent are:

MICHAEL J. ROZUM, ESQ.
MICHAEL J. ROZUM, PLLC
4830 W. KENNEDY BLVD. SUITE 600
TAMPA, FLORIDA 33609

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 provide in Chapter 608, F.S..


Registered Agent's Signature

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TALLAHASSEE, FL

IV. **ARTICLE IV – Managing Members:**

Title:
AMBR

Name and Address:
BRADLEY F. SPECK
PO BOX 8968
TAMPA, FLORIDA 33674

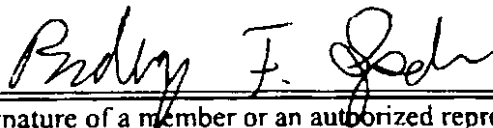
V. **ARTICLE V – Effective Date:**

Effective Date: DATE OF FILING

VI. **ARTICLE VI: Other Provisions:**

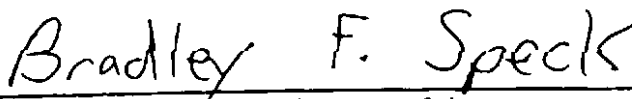
N/A

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)



Print name of signer

SECRETARY OF STATE
TALLAHASSEE, FL

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