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(Address)

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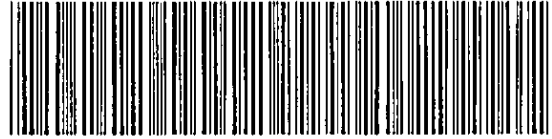
(Business Entity Name)

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DATE: 9/11/20

NAME: TMKL CONSULTING LLC

TYPE OF FILING: ARTICLES

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AUTHORIZATION: ABBIE/PAUL HODGE

Paul Hodge

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TMKL Consulting 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:

Timothy Wissman

Name of Person

Firm/Company

501 Park Blvd.

Address

Oldsmar, FL 34677

City/State and Zip Code

TWissman1@verizon.net

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

For further information concerning this matter, please call:

Timothy Wissman

727

612-0129

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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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:

MGR

Timothy Lee Wissman
501 Park Blvd.
Oldsmar, FL 34677

AMBR

Melinda Kay Wissman
501 Park Blvd.
Oldsmar, FL 34677

AMBR

Kurt Wissman
501 Park Blvd.
Oldsmar, FL 34677

AMBR

Elizabeth Kay Wissman
501 Park Blvd.
Oldsmar, FL 34677

(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:

Timothy L. Wissman

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.

Timothy Lee Wissman

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)