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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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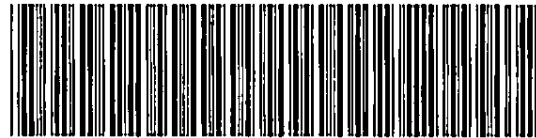
(Business Entity Name)

(Document Number)

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Derrick Thompson  
1/6/20

**COVER LETTER**

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

GEOMATION STUDIOS, 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:

GEORGE E. WRIGHT, JR.

\_\_\_\_\_  
Name of Person

GEOMATION STUDIOS, LLC

\_\_\_\_\_  
Firm/Company

400 CAPITAL CIRCLE, SUITE 18238

\_\_\_\_\_  
Address

TALLAHASSEE, FL 32301

\_\_\_\_\_  
City/State and Zip Code

geobandit1x@gmail.com, geowright1@hotmail.com, CTCUSACANADA@GMAIL.COM

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

For further information concerning this matter, please call:

GEORGE E. WRIGHT, JR. 850 491-6091

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
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:

GEOMATION 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:

400 CAPITAL CIRCLE, SUITE 18238  
TALLAHASSEE, FL 32301

Mailing Address:

3707 ROCK BROOK DRIVE, #H  
TALLAHASSEE, FL 32311-4039

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:

GEORGE E. WRIGHT, JR.

Name

3707 ROCK BROOK DRIVE, #H

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.*

  
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

**Name and Address:**

1) GEORGE E. WRIGHT, JR./CEO/MGR (CITED ABOVE)

2) RONALD ARRENTON, CTC, MBA, AMBR

P.O. BOX 5001, PLAYA DEL REY, CA 90296

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JUNE 8, 2020 (ATTACHED HERETO) (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.

DESIGNATION LLC IS ORGANIZED TO SUPPORT THE SYSTEMIC EDUCATION TRAINING HOUSING AND ENTERPREISING NEEDS OF VETERANS, SENIORS, YOUTH AND OTHER UNDERSERVED/UTILIZED USA CITIZENS NATIONALLY

**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.

GEORGE E. WRIGHT JR.

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)