

Derrick

L21000010117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

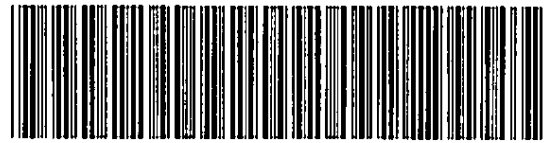
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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Derrick Thompson  
1/13/21

**COVER LETTER**

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

**SUBJECT:** The Instrumentalist 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:

James T. Rohner  
Name of Person

Firm/Company

4411 Grassy Point Blvd.  
Address

Port Charlotte, Fla. 33952  
City/State and Zip Code

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

For further information concerning this matter, please call:

Ann Callis at ( 888 ) 4466888  
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 &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

The Instrumentalist 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:

4411 Grassy Point Blvd.

Port Charlotte, Fla. 33952

4411 Grassy Point Blvd.

Port Charlotte, Fla. 33952

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:

James T. Rohner

Name

4411 Grassy Point Blvd.

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

Port Charlotte

Fla.

33952

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..*

James T. Rohner  
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:**

MGR

Ann Callis  
200 Birch Street  
Winnetka, Illinois 60093

MGR

James T. Rohner  
4111 Grassy Point Blvd.  
Port Charlotte, Fla. 33952

MGR

James M. Rohner  
2934 Indianwood  
Wilmette, Illinois 60091

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Dec. 29, 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 605.0203 (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.

James T. Rohner

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)**

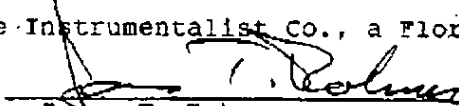
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December 28, 2020

The undersigned entities have no objection to and expressly consent to the creation of a new Florida limited liability company bearing the name The Instrumentalist LLC. The creation and operation of this new entity will not affect or diminish the operations of any of the undersigned's businesses.

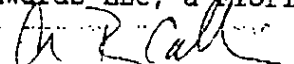
The Instrumentalist Co., a Florida corporation,

by  President  
James T. Rohner

The Instrumentalist Publishing Co., an Illinois

corporation, by , President  
Ann R. Callis

The Instrumentalist Awards LLC, a Florida limited

liability entity, by , Manager  
Ann R. Callis

2020