

L21000025957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

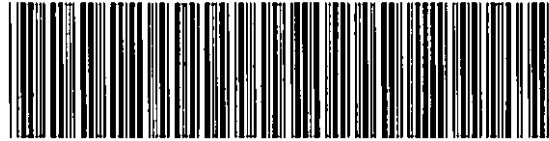
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

SLC 1/28/21



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12/18/20--01016--017 **130.00

2021 JAN 24 AM 8:58

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

COMMISSION CAPITAL, 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:

IAN EPPS

Name of Person
COMMISSION CAPITAL, LLC

Firm/Company
P. O. BOX 721492

Address
ORLANDO FL 32872

City/State and Zip Code
IANEPPS347@GMAIL.COM

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

For further information concerning this matter, please call:

IAN EPPS 347 933-8233

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:

COMMISSION CAPITAL 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:

5635 Elmhurst Cir Suite 309

Oviedo FL, 32765

P. O. BOX 721492

ORLANDO FL, 32872

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:

IAN EPPS

Name

5635 ELMHURST CIR SUITE 309

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

OVIEDO

FL

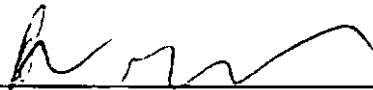
32765

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)

2021 JAN 26 AM 8:50
CLASSIFIED

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 _____

IAN EPPS
5635 ELMHURST CIR SUITE 309
OVIDO FL 32765

AMBR _____

SHERWIN McDONALD
2439 E MINNEZONA AVE
PHOENIX, AZ 85016

AMBR _____

DARNELL DAVIS
411 MYRTLE AVE
IRVINGTON NJ 07111 APT 2A

AMBR _____

DAVID WILLIAMS
107 MAPLE AVE
MONTCLAIR NJ 07042

(Use attachment if necessary)

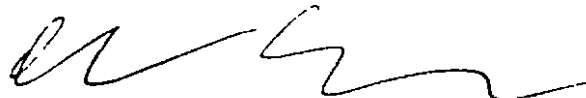
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

Ian Epps
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)

ARTICLE IV ATTACHMENT

AMBR	Issa Waldron 4171 Pinewood Lake Dr Bakersfield Ca, 93309
AMBR	BARRY K. HANDSFORD JR 285 Aycrigg Avenue APT 1Q Passaic NJ, 07055
AMBR	Derrick Stroble Jr 43 acacia place Dover Delaware, 19901

2021 JAN 24 AM 8:58
INFORMATION



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2020

IAN EPPS
P.O. BOX 721492
ORLANDO, FL 32872

SUBJECT: FORESIGHT INVESTMENTS LLC
Ref. Number: W20000146443

We have received your document for FORESIGHT INVESTMENTS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

CONFLICT NUMBER P05000010929. The principal address must have a physical address not a po box address.

Please list the complete principal office address.

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.

Lillie S Kervin
Regulatory Specialist II

Letter Number: 020A00026193

2021 JAN 26 PM 1:47