

L21000109735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

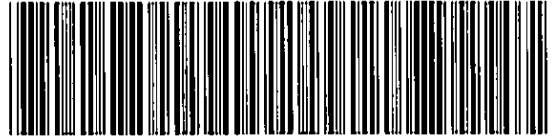
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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~~03/17/21--01007--004 **125.00~~

03/17/21--01007--004 **130.00

21 MAR 17 PM 11:07

2021 MAR 17 PM 1:56

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Technista the Techpreneur, 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:

April M. Ivory
Name of Person

Firm/Company

925 Park View Drive
Address

Tallahassee, FL 32311
City/State and Zip Code

technista.info@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

April M. Ivory at (850) 345-3847
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tehnista the Techpreneur, 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:

925 Park View Drive
Tallahassee, FL 32311

Mailing Address:

925 Park View Drive
Tallahassee, FL 32311

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:

April Ivory
Name
925 Park View Drive
Florida street address (P.O. Box NOT acceptable)
Tallahassee, FL 32311
City State Zip

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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.

[Signature]
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:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

April M. Ivery
925 Park View Drive
Tall, FL 32361

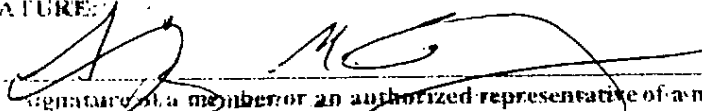
(Use attachment if necessary)

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 entered is not effective under the applicable statutory filing requirements, this date will not be recorded in the public records of 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.817.153, F.S.

April M. Ivery
Typed or printed name of signer

Filing Fees:

605.0203(1)(b) Florida Statutes - Certification and Designation of Registered Agent.