

L21000116946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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21 MAR 22 AM 3:19

2021 MAR 22 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: T's Bowls, 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:

Tr M. Carey
Name of Person

T's Bowls
Firm/Company

548 Springcreek Highway
Address

Crawfordville, FL 32327
City/State and Zip Code

trcarey0927@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tr Carey at (229) 376-5316
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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 MAR 22 PM 3: 30

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FL

T's Bowls, 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:

5201 Atlantic Blvd
Jacksonville, FL 32207

548 SpringCreek Highway
Crawfordville, FL 32327

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:

Tr M. Carey
Name

5201 Atlantic Blvd

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

Jacksonville FL 32207
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.,

J M. Carey
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

Manager/owner

Tr M. Carey
5201 Atlantic Blvd
Jacksonville, FL 32207

(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 on the filing does not meet the appropriate statutory filing requirements, this date will act as the date of filing for the document and will be entered on the Department of State's records.

ARTICLE VI: Other provisions, if any: _____

REQUIRED SIGNATURE:

Tr M. Carey

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (4) (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.

03/22/21

Tr M. Carey
Typed or printed name of signer

Filing Fees:

CLASSIFICATION OF DOCUMENT, COMMUNICATION AND DESIGNATION OF REGISTERED AGENT

SECRETARY OF STATE
TALLAHASSEE, FL

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