

L21000419429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

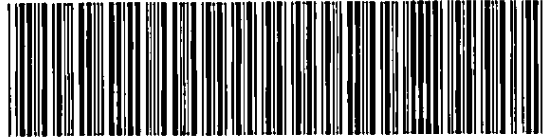
(Document Number)

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

Special Instructions to Filing Officer:

\$160<sup>00</sup>

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

2021 SEP 24 AM 10:38

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SECRETARY OF STATE  
TALLAHASSEE, FL

2021 SEP 24 AM 10:43

FILED

COVER LETTER

TO: New Filing Section  
Division of Corporations

FIN-  
87-2798412

SUBJECT: Development Division 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:

Tyler Anderson  
Name of Person

Development Division LLC  
Firm/Company

214 S Monroe St  
Address

Tallahassee, FL 32301  
City/State and Zip Code

Tyanderson5r@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tyler Anderson at ( 404 ) 502-6279  
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

FILED

2021 SEP 24 AM 10:43

ARTICLE I - Name:

The name of the Limited Liability Company is:

Development Division LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

214 S. Monroe Street  
Tallahassee, FL 32301

Mailing Address:

214 S. Monroe Street  
Tallahassee, FL 32301

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:

Tyler Anderson  
Name

214 S. Monroe Street  
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 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.

Tyler Anderson  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Please include FEIN - 87-2748412

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

President

Name and Address:

Tyler Anderson  
214 S. Monroe Street  
Tallahassee, FL 32301

AmBR

Tyler Anderson  
214 S. Monroe Street  
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

2021 SEP 24 AM 10:43

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(Use attachment if necessary)

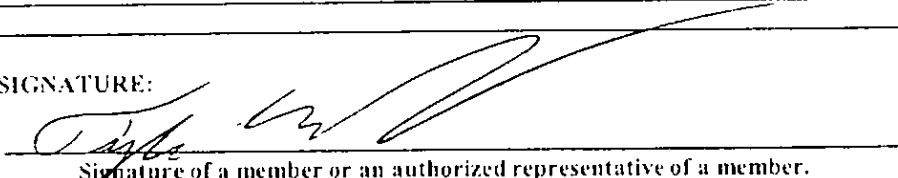
ARTICLE V: Effective date, if other than the date of filing: Sep 24, 2021 (OPTIONAL)

(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.

Tyler Anderson

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)