

L22000245566

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

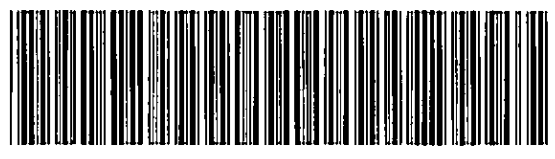
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:  
*Replace missing doc*

Office Use Only



100388596991

**FILED**  
**Apr 27, 2022 08:00 AM**  
**Secretary of State**

**COVER LETTER**

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

**SUBJECT:** THE COLLECTIVE OF TAMPA BAY, 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:

JAN R. MILLER

Name of Person

THE COLLECTIVE OF TAMPA BAY

Firm/Company

2815 W PRICE AVE

Address

TAMPA, FL 33611

City/State and Zip Code

jantampa@outlook.com

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

For further information concerning this matter, please call:

JAN MILLER                      813                      831 2796  
Name of Person                      at (                      )                      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:

THE COLLECTIVE OF TAMPA BAY, 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:

4243 W EL PRADO BLVD  
TAMPA, FL 33629

Mailing Address:

2815 W PRICE AVE  
TAMPA, FL 33611

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:

JAN R. MILLER

Name

2815 W PRICE AVE

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

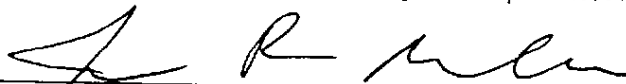
TAMPA, FL 33611

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)

**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

JAN R. MILLER  
2815 W PRICE AVE  
TAMPA, FL 33611

AMBR

ANITA MATHES  
5142 7th AVE NORTH  
ST PETERSBURG, FL 33710

AMBR

JENNIFER KAPPER  
10379 135th STREET  
LARGO, FL 33774

(Use attachment if necessary)

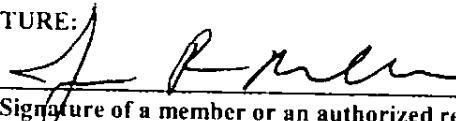
**ARTICLE V:** Effective date, if other than the date of filing: -- \_\_\_\_\_ (OPTIONAL)

(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.  
(NONE)

**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.

JAN R. MILLER

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)

*mk*



Online Banking

Adv Tiered Interest Chkg - 2863: Account Activity Transaction Details

Check number: 00000006342

Post date: 04/29/2022

Amount: -160.00

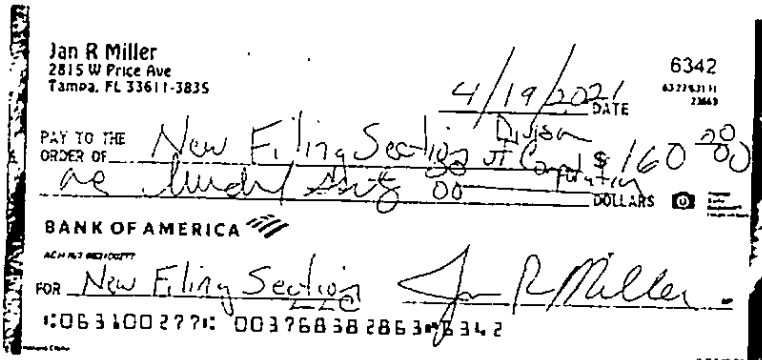
Type: Check

Description: Check

Merchant name: Check

Merchant information:

Transaction category: Cash, Checks & Misc: Checks



*tyrone.scott@dos.myflorida.com*