## L220003/1106

| (Re                     | equestor's Name)  |             |
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| (Ad                     | dress)            |             |
| (Cit                    | :y/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
|                         |                   |             |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificate     | s of Status |
| Special Instructions to | Filing Officer:   |             |
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## COVER LETTER

\*TO: New Filing Section

| Div            | vision of Co   | rporations                                    |                  |  |  |
|----------------|----------------|---|------------------|--|--|
| SUBJECT:       |                | Ford CPA, PLLC                                |                  |  |  |
| oonaner.       |                | Name of                                       | Limited Liabil   | lity Company                                     | <del></del>  |
| The enclose    | d Articles of  | Organization and fee(s                        | ) are submitted  | I for filing.                                    |  |
| Please return  | n all correspo | ondence concerning this                       | s matter to the  | following:                                       |  |
|                | Pamela S. Fe   | ord   |                  |  |  |
| •              |                |   | Name of          | Person   |  |
|                | Pamela S. Fe   | ord CPA, PLLC                                 |                  |  |  |
|                |                |   | Firm/Co          | ompany   |  |
|                | 433 Central    | Ave., 4th Floor                               |                  |  |  |
| -              |                |   | Addı             | ress   | <del></del>  |
|                | St. Petersbur  | rg, FL. 33701                                 |                  |  |  |
| P              | amela@Pan      | nelasfordepa.com                              | City/State ar    | nd Zip Code                                      |  |
| _              |                | E-mail address: (to be u                      | sed for future a | annual report notificat                          | ion)   |
| For further in | formation co   | ncerning this matter, pl                      | ease call:       |  |  |
| ţ              | Pamela S. Fo   |   | 727              | 274-8117   |  |
|                | Nam            | ie of Person                                  | Area Code        | Daytime Telephon                                 | ne Number  |
| Enclosed is    | a check for t  | he following amount:                          |                  |  |  |
| ■\$125.00 l    |                | □\$130.00 Filing Fee<br>Certificate of Status | Certifi          | 5.00 Fiting Fee & ied Copy (al copy is enclosed) | □S160,00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                |                | ng Address                                    |                  | Street Address                                   |  |
|                |                | iling Section                                 |                  | New Filing Section D<br>The Centre of Tallaha    |  |
|                |                | on of Corporations<br>lox 6327                |                  | 2415 N. Monroe Stre                              |  |
|                |                | assee Fl 32314                                |                  | Tallahassee Fl 3230                              |  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Pamela S. Ford CPA, PLLC  (Must contain the words "Limited Liability                        | Company, "L.L.C.," or "LLC.")    |
|---|----------------------------------|
| RTICLE II - Address:<br>e mailing address and street address of the principal office of the | he Limited Liability Company is: |
| Principal Office Address:   | Mailing Address:                 |
| 433 Central Ave., 4th Fl. St. Petersburg, FL.33701  | Same                             |
|   |                                  |

The name and the Florida street address of the registered agent are:

| Registered Age           | nts Inc.           |               |
|--------------------------|--------------------|---------------|
|                          | Vaine              |               |
| 7901 4th St N S          | TE 300             |               |
| Florida street address ( | P.O. Βολ <u>ΝΟ</u> | T acceptable) |
| St. Petersburg           | FL                 | 33702         |
| 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)

SECREPART OF STATE

## ARTICLE IV-

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

| Title: "AMBR" = Authorized Member                              | Name and Address:  |                             |
|--|--|-----------------------------|
| "MGR" = Manager  AMBR  | Pamela S. Ford, CPA<br>1340 Holgate Dr., Unit G5<br>Ballwin, MO, 63021   |                             |
|  |  |                             |
|  |  | DECREIANA SS                |
| <del></del>  |  | 2 PM 57                     |
| (Use attachment if necessary)                                  |  | 57<br>107                   |
| effective date is listed, the date must be s<br>te of filing.) | e of filing:  pecific and cannot be more than five busine  meet the applicable statutory filing requirem  of State's record;                                     | ss days prior to or 90 days |
| CLE VI: Other provisions, if any.                              | ty Company is to practice accounting service   | 8                           |
| REQUIRED SIGNATURE:  |  |                             |
| This document is exec<br>I am aware that any fal               | with the representative of a second or an authorized representative of a second or a submitted in a document to the second or as provided for in s.817.155, F.S. | (b), Florida Statutes.      |
| Tarox  | 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)