

L220000415648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

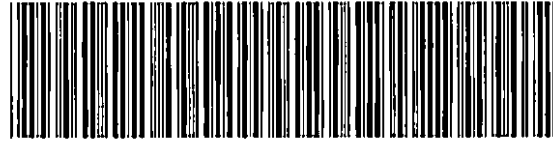
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Certified Copies _____

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09/26/22--01005--010 **125.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP 26 PM 3:43

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2022 SEP 26 PM 2:56
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: CGVT, 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:

MARK G. TURNER, ESQ.

Name of Person

STRAUGHN & TURNER, PA

Firm/Company

255 MAGNOLIA AVE., SW

Address

WINTER HAVEN, FL 33880

City/State and Zip Code

ctnouse@gmail.com; tardygeri@gmail.com

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

For further information concerning this matter, please call:

Mark Turner/Bonnie Brown 863 293-1184

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CGVT, LLC

_____ Art of Inc. File _____
 _____ LTD Partnership File _____
 _____ Foreign Corp. File _____
 _____ L.C. File _____
 _____ Fictitious Name File _____
 _____ Trade/Service Mark _____
 _____ Merger File _____
 _____ Art. of Amend. File _____
 _____ RA Resignation _____
 _____ Dissolution / Withdrawal _____
 _____ Annual Report / Reinstatement _____
 _____ Cert. Copy _____
 _____ Photo Copy _____
 _____ Certificate of Good Standing _____
 _____ Certificate of Status _____
 _____ Certificate of Fictitious Name _____
 _____ Corp Record Search _____
 _____ Officer Search _____
 _____ Fictitious Search _____
 _____ Fictitious Owner Search _____
 _____ Vehicle Search _____
 _____ Driving Record _____
 _____ UCC 1 or 3 File _____
 _____ UCC 11 Search _____
 _____ UCC 11 Retrieval _____
 _____ Courier _____

Signature _____

Requested by: SETH

09/26/22

Name _____

Date _____

Time

Walk-In

Will Pick Up

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CGVT, 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:

2505 EAST LAKE HARTTRIDGE DRIVE
WINTER HAVEN, FL 33881

Mailing Address:

P.O. BOX 9082
WINTER HAVEN, FL 33883

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:

MARK G. TURNER, ESQ.

Name

255 MAGNOLIA AVE, SW

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

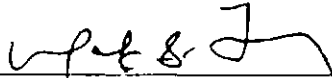
WINTER HAVEN FL 33880

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)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

GERALDINE TARDY
2505 EAST LAKE HARTRIDGE DRIVE
WINTER HAVEN, FL 33881

MGR

CHRISTOPHER H. TARDY
2505 EAST LAKE HARTRIDGE DRIVE
WINTER HAVEN, FL 33881

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

(Use attachment if necessary)

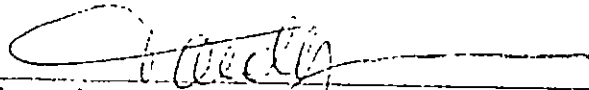
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

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.

GERALDINE TARDY

Typed or printed name of signer

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)