

L23000554304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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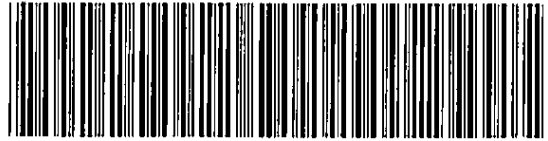
(Business Entity Name)

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2023 DEC 14 PM 12:50

T.J.H.
12/18/23

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TDBN, 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:

Name of Person
Dale S. Wilson, P.A.
Firm/Company
PO Box 1808
Address
Green Cove Springs, FL 32043
City/State and Zip Code
nanlgirl@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dale Wilson 904 284-5618
at ()
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

2023 DEC 14 PM 12:50

ARTICLES OF ORGANIZATION
OF

TDBN, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I
NAME

The name of the Limited Liability Company is: TDBN, LLC

ARTICLE II
NATURE OF BUSINESS

The general character, purpose, and nature of business to be transacted by this Company is any and all lawful business.

ARTICLE III
ADDRESS

The mailing address and street address of the principal office of the company is 2976 Rosecrans Lane, Green Cove Springs, Florida 32043.

ARTICLE IV
DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE V
REGISTERED OFFICE/AGENT

The registered office of this Limited Liability Company is 2976 Rosecrans Lane, Green Cove Springs, Florida 32043, and the Registered Agent at such location is Thomas I. Mitchell.

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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 608, F.S.


Thomas I. Mitchell

ARTICLE VI
MANAGER

Title:

Name and Address:

Managing Member

David L. Mitchell
2988 Rosecrans Lane
Green Cove Springs, FL 32043

Managing Member

Nancy L. Mitchell
2988 Rosecrans Lane
Green Cove Springs, FL 32043

Managing Member

Thomas I. Mitchell
2976 Rosecrans Lane
Green Cove Springs, FL 32043

Managing Member

Barbara R. Mitchell
2976 Rosecrans Lane
Green Cove Springs, FL 32043

In accordance with F.S. 608.408(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


Thomas I. Mitchell

2003 DEC 14 PM 12:50