

L240000048988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

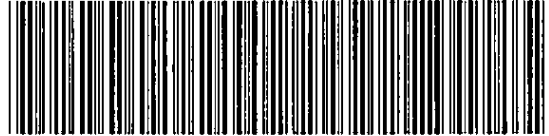
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/28/23--01007--013 **125.00

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T.S.H

1/30/24

COVER LETTER

TO: New Filing Section
Division of Corporations
Response America, LLC

SUBJECT: _____
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:

Patrick J. Mooney

Name of Person

Firm/Company

2946 Bella Flore Terrace

Address

New Smyrna Beach, FL 32168

City/State and Zip Code

pmooney@responsehq.com

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

For further information concerning this matter, please call:

Patrick Mooney 703 944-2730

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input checked="" 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2008 DEC 28 PM 10:30
RECEIVED
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Response America, 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:

Mailing Address:

2946 Bella Flore Terrace

New Smyrna Beach, FL 32168

2946 Bella Flore Terrace

New Smyrna Beach, FL 32168

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:

Patrick J. Mooney

Name

2946 Bella Flore Terrace

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

New Smyrna Beach

FL

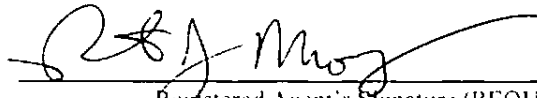
32168

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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CLERK OF COURT
CLERK OF COURT

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

CG Ventures LLC

1600 Noral Place

Alexandria, VA 22308

MGR

PJM Consulting Group LLC

2946 Bella Flare Terrace

New Smyrna Beach, FL 32168

(Use attachment if necessary)

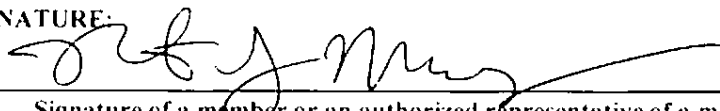
ARTICLE V: Effective date, if other than the date of filing: 01/01/2024. (OPTIONAL)

(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.

Patrick J. Mooney

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)

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FILED
CLERK OF COURT
STATE OF FLORIDA

2023 DEC 28 PM 10:30

L24000048988

Patrick J. Mooney
2946 Bella Flore Terrace
New Smyrna Beach, FL 32168

December 26, 2023

Divisions of Corporations
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Dear Sir or Madam:

I, Patrick J. Mooney, am a partner in Response America Holdings LLC (Document #: L16000233942)

Our previous name was simply, Response America LLC.

Today, I am writing this letter to officially release the name "Response America LLC" so that it may be used freely.

Sincerely,



Patrick J. Mooney, Manager
Response America Holdings, LLC
703-944-2730

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TALLAHASSEE, FL