

L24000058833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

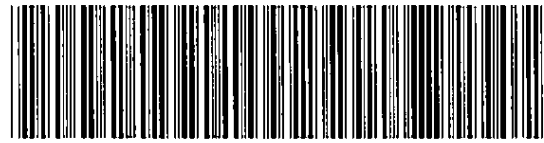
(Business Entity Name)

(Document Number)

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FILED  
2024 FEB -5 AM 4: 15  
SEC. TOLSON OF STATE  
TALLAHASSEE, FL

RECEIVED  
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OFFICE OF THE CLERK  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** Ottley Solutions.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:

Lyle O. Ottley  
Name of Person

Ottley Solutions. LLC  
Firm/Company

5281 Tower Road, Suite B2  
Address

Tallahassee, FL 32303  
City/State and Zip Code

lottley01@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lyle O. Ottley                      850                      242-8704  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Ottley Solutions, 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:**

5281 Tower Road, Suite B2  
Tallahassee, FL  
32303

2410 Almond Drive  
Tallahassee, FL  
32303

**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:

Lyle O. Ottley  
Name

2410 Almond Drive  
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee                      FL                      32303  
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:**

|            |                              |
|------------|------------------------------|
| <u>MGR</u> | <u>Kymani Ottley</u>         |
| _____      | <u>2410 Almond Drive</u>     |
| _____      | <u>Tallahassee, FL 32303</u> |
| _____      | _____                        |
| _____      | _____                        |
| _____      | _____                        |
| _____      | _____                        |

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: February 5, 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:**

*Lyle Ottley*  
 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.

Lyle O. Ottley  
 Typed or printed name of signee

2024 FEB 5 AM 4:15  
 STATE  
 TALLAHASSEE, FL  
**FILED**

**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)