

L25000028389

PL
1-24-25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

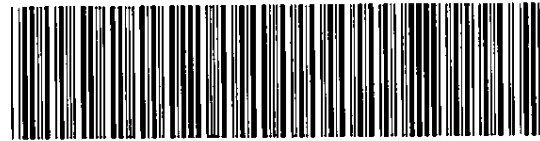
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900443262229

01/24/25--01015--015 \$130.00

FILED
2025 JAN 24 PM 1:23

RECEIVED
2025 JAN 24 PM 12:31

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AMPHIBS 10 ALLIANCE 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:

Aaron L Hilliard
Name of Person

Amphibs 10 Alliance LLC
Firm/Company

113 South Monroe Street Alliance Center 1st Floor
Address

Tallahassee, FL 32301
City/State and Zip Code

ahilliab7@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron Hilliard at (904) 923-3789
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:

Amphibio 10 Alliance 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:

113 South Monroe Street
Alliance Center 13th Floor
Tallahassee FL 32301

Mailing Address:

113 South Monroe Street
Alliance Center 13th Floor
Tallahassee FL 32301

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:

Arvon L Hilliard

Name

113 South Monroe Street, Alliance Center 13th Floor

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

Tallahassee FL 32301

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.

Arvon L Hilliard

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2011 JUN 26 PM 4:28

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:

MGR

Aaron L Hilliard
113 South Monroe Street Alliance Ctr 1st Floor
Tallahassee FL 32301

MGR

Stephen B Jones
113 South Monroe Street, Alliance Ctr 1st Floor
Tallahassee FL 32301

MGR

James B Bonner
113 South Monroe Street Alliance Ctr 1st Floor
Tallahassee FL 32301

MGR

Anthony D Polk
113 South Monroe Street Alliance Ctr 1st Floor
Tallahassee FL 32301

MGR

Joseph F Dove
Same as above

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/20/25 (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:

Aaron L Hilliard

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.

Aaron L. Hilliard

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)

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:

MGR

Rosland D Hilliard
113 South Monroe Alliance Center 1st Floor
Tallahassee FL 32301

MGR

Crystal L Jones
113 South Monroe Alliance Center 1st Floor
Tallahassee FL 32301

MGR

Terri Phillips Bonner
113 South Monroe Alliance Center 1st Floor
Tallahassee FL 32301

MGR

Angela Rolfe Polk
113 South Monroe Alliance Center 1st Floor
Tallahassee FL 32301

MGR

Francine L Dove
Same as Above

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/20/25 (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

Aaron Hilliard

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.

Aaron L Hilliard

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)