

L19000142231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

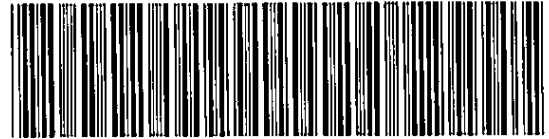
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300329865533

05/24/19--01000--011 **130.00

FILED
19 MAY 24 AM 10:43
SECURITY
TALLAHASSEE, FLORIDA

N CULLIGAN

JUN 6 2019

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Aucilla Services, 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:

Tammy L Metts
Name of Person
Aucilla Services, LLC
Firm/Company
1446 Ashville Highlands Drive
Address
Greenville, FL 32331
City/State and Zip Code
metts850@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tammy L Metts 850 879-1716
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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aucilla Services, 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:

1446 Ashville Highlands Drive
Greenville
Florida, 32331

Mailing Address:

1446 Ashville Highlands Drive
Greenville
Florida, 32331

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:

Tammv L Metts

Name

14446 Ashville Highlands Drive

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

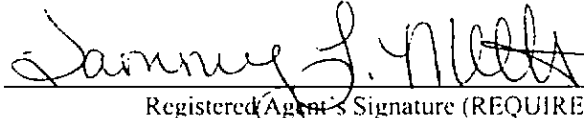
Greenville, Florida 32331

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)

FILED
19 MAY 24 AM 10:43
TALLAHASSEE, FLORIDA

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

AMBR

Greenville, Florida 32331

\$ 5.00 Certificate of Status (Optional)

FILED
MAY 26 AM 8:43
FBI - TAMPA