

L17000041070

(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



000295009640

02/13/17--01007--024 **160.00

FILED

2017 FEB 32 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 23 2017
C Kinsey



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2017

JOHN R VINSON JR
37312 PINERIDGE RD
HILLARD, FL 32046

SUBJECT: ABSOLUTE TRUCK REPAIR LLC
Ref. Number: W17000012770

We have received your document for ABSOLUTE TRUCK REPAIR LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

SECOND PAGE OF APPLICATION IS MISSING.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Catherine M Wood
Regulatory Specialist II

Letter Number: 017A00002884

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Absolute Truck Repair 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:

John R Vinson Jr
Name of Person

Absolute truck Repair LLC
Firm/Company

37312 Pineridge Rd
Address

Hilliard FL 32046
City/State and Zip Code

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

For further information concerning this matter, please call:

John Vinson at 904 , 504-2515
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Absolute Truck Repair LLC.

(Must end with 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:

37312 Pineridge Rd
Hilliard FL 32046

Mailing Address:

37312 Pineridge Rd
Hilliard FL 32046

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:

John R. Vinson Jr.

Name

37312 Pineridge Rd

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

Hilliard

FL

32046

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.

John R. Vinson Jr.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2011 FEB 32 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

AMBR

MGR

John R. Vinson Jr
37312 Pineridge Rd
Hilliard FL 32046

Courtney Vinson
37312 Pineridge Rd
Hilliard FL 32046

(Use attachment if necessary)

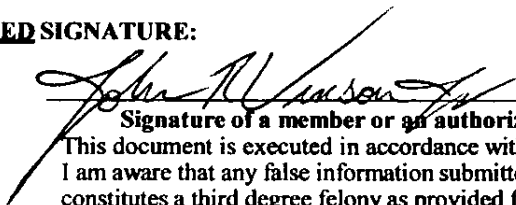
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.

John R. Vinson Jr

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)