

L03000052326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

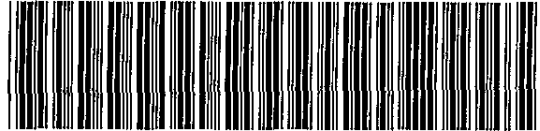
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800025011148

12/12/03--01041--013 **160.00

RECEIVED
03 DEC 12 AM 11:35
DIVISION OF CORPORATION

FILED
03 DEC 12 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN DEC 12 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Contractors Ltd. Co.
(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:

Karen Minno

(Name of Person)

Florida Contractors Ltd. Co.

~~6450 Ox Bow Ct.~~

(Firm/Company)

6450 Ox Bow Ct.

~~Tallahassee, FL~~

(Address)

Tallahassee, FL 32312

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Minno

(Name of Person)

at (850) 893-9292

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
03 DEC 12 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Contractors Ltd. Co.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

7213 Ox Bow Circle
Tallahassee, FL
32312

Mailing Address:

same

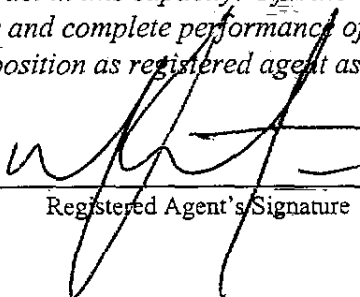
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Matthew F. Minno
Name
2062 Thomasville Rd.
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32308
City, State, and Zip

FILED
03 DEC 12 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 608, F.S..


Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Charles Temples
7213 Ox Bow Circle
Tallahassee, FL 32312

mGRm

Karen Minno
6450 Ox Bow Ct.
Tallahassee, FL 32312

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Karen W. Minno
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Karen W. Minno
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- ✓ \$ 30.00 Certified Copy (Optional)
- ✓ \$ 5.00 Certificate of Status (Optional)

FILED
03 DEC 12 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA