

L04000030422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

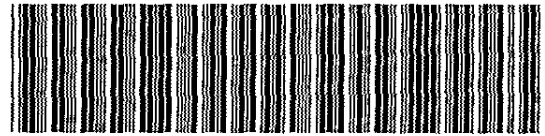
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000032295720

04/12/04--01034--020 **160.00

L04/21/04

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 12 PM 12:18

up

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Concept Commercial Contractors 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:

Patrick Gary Nutchison
(Name of Person)
Concept Commercial Contractors LLC.
(Firm/Company)
6414 34th AVE NO.
(Address)
St. Pete, FL 33710
(City, State and Zip Code)

For further information concerning this matter, please call:

Patrick Nutchison at 727 343-6774
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
04 APR 12 PM 12:18

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

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Concept Commercial Contractors LLC.

ARTICLE II - Address:

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

Principal Office Address:

6414 24th AVE NO.

St. Pete, FL 33710

Mailing Address:

6414 24th AVE NO.

ST. PETE, FL 33710

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

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

Patrick Nuthison

Name

6414 24th AVE NO.

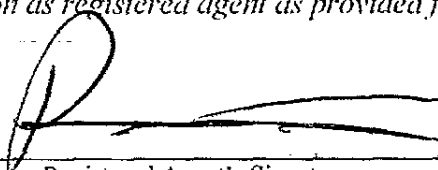
Florida street address (P.O. Box NOT acceptable)

St. Pete, FL 33710

City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 12 PM 12:18

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, Florida Statutes.



Registered Agent's Signature

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

Patrick Hutchison

6414 24th AVE NO.

St. Pete, FL 33710

MGRM

~~Alma~~ Kent Hindemans

5411 Pilots Place

New Port Richey, FL 34652

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

Patrick Hutchison

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 12 PM 12:18

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)