

LO4000039520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

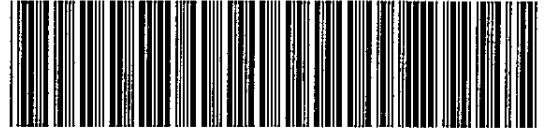
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/19/04--01045--012 **130.00

FILED
MAY 19 11 20 AM
CLERK OF DISTRICT COURT
JANUARY 19 2004

LO4-39520
QR

EFFECTIVE DATE
5-15-04

TRANSMITTAL LETTER

ATX1

TO: Registration Section
Division of Corporations

SUBJECT: DENNIS FOLKERTS MASONRY 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:

DENNIS FOLKERTS
(Name of Person)

DENNIS FOLKERTS MASONRY LLC
(Firm/Company)

5655 HWY 393
(Address)

CRESTVIEW, FL 32539
(City/State and Zip Code)

For further information concerning this matter, please call:

DENNIS FOLKERTS at 850-689-7554
(Name of Person) (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
JUN 10 9 11 2009
TALLAHASSEE, FLORIDA

DENNIS FOLKERTS MASONRY LLC

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

ATX1

ARTICLE I - Name:

The name of the Limited Liability Company is:

DENNIS FOLKERTS MASONRY LLC

ARTICLE II - Address:

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

Principal Office Address:

DENNIS FOLKERTS MASONRY LLC

5655 HWY 393

CRESTVIEW, FL 32539

Mailing Address:

DENNIS FOLKERTS MASONRY LLC

5655 HWY 393

CRESTVIEW, FL 32539

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

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

DENNIS FOLKERTS

Name

5655 HWY 393

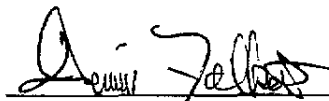
Florida street address (P.O. Box **NOT** acceptable)

CRESTVIEW

FLORIDA 32539

City, State, and 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 608, Florida Statutes..



Registered Agent's Signature

FILED
MAY 19 PM 2:02
CLERK OF DISTRICT COURT
FLORIDA

EFFECTIVE DATE
5-15-24

DENNIS FOLKERTS MASONRY LLC

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

ATX1

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

DENNIS FOLKERTS

5655 HWY 393

CRESTVIEW, FL 32539

MGRM

JAMES FRANKLIN

6514 COUNTY HWY 1087

DEFUNIAK SPRINGS, FL 32433

MGRM

AARON GERMINA

2881 WISTERIA AVENUE

CRESTVIEW, FL 32539

(Use attachment if necessary)

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

ARTICLE V: EFFECTIVE DATE: MAY 15, 2004

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.)

DENNIS FOLKERTS

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)

RECEIVED
TALLAHASSEE, FLORIDA

04/15/19 PM 2:02

FILED