

L04 0000 54 076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

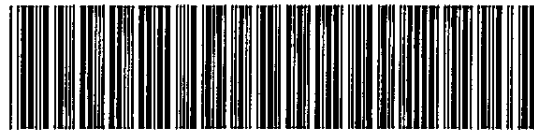
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900039174419

07/19/04--01022--014 **125.00

04 JUL 19 PM 2:57
SECRETARY OF STATE
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: F. C. ROMAS CONSTRUCTION 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:

FREDERICK C ROMAS

(Name of Person)

F. C. ROMAS CONSTRUCTION LLC

(Firm/Company)

1244 MARTINIQUE CT.

(Address)

MARCO IS. FL. 34145 2322

(City/State and Zip Code)

For further information concerning this matter, please call:

FREDERICK C ROMAS at (239) 394-4788
(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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 19 PM 2:57

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

F. C. ROMAS CONSTRUCTION LLC

ARTICLE II - Address:

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

Principal Office Address:

F. C. ROMAS CONSTRUCTION LLC

1244 MARTINIQUE CT.

MARCO IS. FL. 34145-2322

Mailing Address:

F. C. ROMAS CONSTRUCTION LLC

1244 MARTINIQUE CT.

MARCO IS. FL. 34145-2322

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

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

FREDERICK C ROMAS

Name

1244 MARTINIQUE CT.

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

MARCO IS. FLORIDA 34145-2322

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 19 PM 2:50

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:

MGR

FREDERICK C ROMAS

1244 MARTINIQUE CT.

MARCO IS. FL. 34145-2322

MGRM

CHRISTOPHER M ROMAS

5270 28TH PL. SW.

NAPLES, FL. 34116

(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.)

FREDERICK C ROMAS

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 19 PM 2:57

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)