

L04000063277

Ruth Freeman

(Requestor's Name)

262 S.W. Freeman Gln

(Address)

Lake City FL 32024

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

Faulkner Plumbing LLC

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status 1

Special Instructions to Filing Officer:

Name
Availability

Document

DCC

Office Use Only

Signature

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Acknowledgement

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W. P. Verifier

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2004 AUG 26 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04 AUG 26 PM 12:19

DEPT. OF STATE
DIVISION OF REGISTRATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Faulkner Plumbing 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:

Laster C. Faulkner
(Name of Person)

(Firm/Company)

484 S.W. San Juan Place
(Address)

Lake City, FL 32025
(City/State and Zip Code)

For further information concerning this matter, please call:

Laster C. Faulkner at (386) 755-1268
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Faulkner Plumbing LLC

ARTICLE II - Address:

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

Principal Office Address:

484 S.W. San Juan Place
Lake City, FL 32025

Mailing Address:

484 S.W. San Juan Place
Lake City, FL 32025

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

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

Laster C. Faulkner
Name

484 S.W. San Juan Place
Florida street address (P.O. Box NOT acceptable)

Lake City, FL 32025
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..

Laster C. Faulkner
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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

Lester C. Faulkner
484 S.W. San Juan Place
Lake City, FL 32025

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 AUG 26 PM 12: 28

FILED

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Lester C. Faulkner
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.)

Lester C. Faulkner
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)