

L04000076299

(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:

Model	
Accessibility	
Cost	
Reliability	DCC
Flexibility	DCC
Performance	DCC
Verifiability	DCC
Documentation	DCC
Modifiability	DCC

Office Use Only



600041633786

10/18/04--01041--007 **125.00

SECRETARY OF THE
TALMONT COUNTY

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ABOVE CODE BUILDING & DESIGN, 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:

Matthew A Veal

(Name of Person)

Above Code Building + Design, LLC

(Firm/Company)

1819 Main Street Suite 602

(Address)

Sarasota FL 34236

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 OCT 18 P 1:39

FILED

For further information concerning this matter, please call:

Matthew A Veal

(Name of Person)

at (941) 320-0789

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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:

Above Code Building + Design, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1819 Main Street, Suite 602
Sarasota, FL 34236

1819 Main Street, Suite 602
Sarasota, FL 34236

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

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

Matthew A. Veal

Name

1819 Main Street, Suite 602

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

Sarasota, FL 34236

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, F.S..

Matthew A. Veal

Registered Agent's Signature

(CONTINUED)

FILED
2019 OCT 18 P 1:39
TALLAHASSEE, FL 32301
SECRETARY OF STATE

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

Steve Wagoner

1819 Main Street, Suite 602

Sarasota FL 34236

MGR

Carl L. Smith III

1819 Main Street, Suite 602

Sarasota FL 34236

MGR

Richard C Hall

1819 Main Street, Suite 602

Sarasota FL 34236

MGR

Matthew A Veal

7937 Broadmoor Pines Blvd

Sarasota FL 34243

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Matthew A Veal

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.)

Matthew A Veal

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 18 P 1:39

FILED