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TALLAHASSEE, FLORIDA

05 MAR 21 PM 1:58

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Day Builders 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:

Mark M. Woods, Esq.
(Name of Person)

Attorney & Counselor at Law
(Firm/Company)

10225 Ulmerton Road, Suite 9-C
(Address)

Largo, Florida 33771
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark M. Woods, Esq. at (727) 585-9282
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FL 32314
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The Name of the Limited Company is:

NEW DAY BUILDERS LLC

ARTICLE II

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

TOM LENAS
1327 State Road 100
Grandin, FL 32138

ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature:

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

TOM LENAS
1327 State Road 100
Grandin, FL 32138

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 on 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 and familiar with and accept the obligations of my position as registered agent as provided for in Florida Statutes Chapter 608.


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:

TOM LENAS, Title: Manager [MGR]
1327 State Road 100
Grandin, FL 32138

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REQUIRED SIGNATURE:

 Thomas P. Lenas

Typed or printed name of signee: TOM LENAS

Signature of a member or 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)