

LOS000103849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

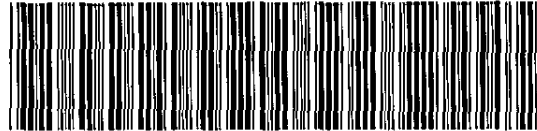
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300057753713

09/19/05--01006--000 #14 17

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 21 PM 12:03

FF \$125
cc/cus 35

N. Culligan OCT 21 2005



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 28, 2005

DAVID O'DONNELL
162 CANOVA ROAD
ORANGE PARK, FL 32003

SUBJECT: D.A. O'DONNELL MASONRY INC.
Ref. Number: W05000044828

We have received your document for D.A. O'DONNELL MASONRY INC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The filing forms you submitted were to file a Corporation. Enclosed are the proper form for filing as a *Limited Liability Company*.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 305A00059191

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D.A. O'Donnell 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:

DAVID ALAN O'DONNELL
(Name of Person)

D.A. O'DONNELL MASONRY LLC
(Firm/Company)

162 CANOVA ROAD
(Address)

ORANGE PARK FLORIDA 32063
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID O'DONNELL at (904) 447-3800
(Name of Person) (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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ALL-Ready
paid
*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

D. A. O'Donnell MASONRY LLC.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

162 CANAL RD
ORANGE PARK FL
32065

SAME

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DAVID O'DONNELL
Name

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

ORANGE PARK FL 32065
City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 21 PM 12:03

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..

David O'Donnell
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

David O'Donnell
162 N.W. 14 Rd
Orange Park FL
32063

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

David O'Donnell

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.)

David O'Donnell

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 21 PM 12:03