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DIVISION OF CORPORATIONS  
06 JUL 13 PM 3:04

W06-24674

B. McKnight JUL 13 2006

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AKM Land Excavation 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:

Michael Dean Vinson I  
(Name of Person)

AKM Land Excavation LLC  
(Firm/Company)

1509 Azalea Ct.  
(Address)

Lake Placid, FL 33852  
(City/State and Zip Code)

For further information concerning this matter, please call:

Julie Vinson at (863) 634-2708  
(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

money is on file. Thanks.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 20, 2006

JULIA M VINSON \*\*\*\*\*2ND MAILING  
1025 NW 141ST ST  
OKEECHOBEE, FL 34972

SUBJECT: AKM LAND EXCAVATION LLC  
Ref. Number: W06000024676

We have received your document for AKM LAND EXCAVATION LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the original and one copy of 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) 245-6931.

Becky McKnight  
Document Specialist  
New Filing Section

Letter Number: 506A00037468

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

AKM Land Excavation 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:

1509 Azalea Ct.  
Lake Placid, FL 33852

#### Mailing Address:

1509 Azalea Ct.  
Lake Placid, FL 33852

### 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:

Michael D. Vinson I

Name

1509 Azalea Ct.

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

Lake Placid FL 33852

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..*

Michael D. Vinson I

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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

Michael D. Vinson I  
1509 Azalea Ct  
Lake Placid, FL 33852

MGR

Julia Mawdin Vinson  
1509 Azalea Ct  
Lake Placid, FL 33852

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(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:**

Julia M. Vinson  
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.)

Julia M. Vinson  
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)

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