

LOT 0000 29763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

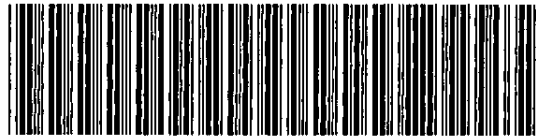
Special Instructions to Filing Officer:

3-29  
Cited

1/22

Office Use Only

607-12477



000091518040

03/08/07--01018--018 \*\*125.00

FILED

07 MAR 19 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALL JUNK, 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:

RONALD HOGARTH

(Name of Person)

T&H COMPTROLLERS, INC.

(Firm/Company)

200 CAPRI ISLES BLVD., SUITE 2

(Address)

VENICE, FL 34292

(City/State and Zip Code)

FILED  
07 MAR 19 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

RONALD HOGARTH

(Name of Person)

at ( 941 )

484-4980

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2007

RONALD HOGARTH  
200 CAPRI ISLES BLVD STE 2  
VENICE, FL 34292

SUBJECT: ALL JUNK LLC  
Ref. Number: W07000012477

We have received your document for ALL JUNK LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

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) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 507A00017653

FILED  
07 MAR 19 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ALL JUNK, LLC

**ARTICLE II - Address:**

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

Principal Office Address:

1524 QUEEN RO.  
VENICE, FL 34293

Mailing Address:

PO BOX 2357-3  
S. TAMiami TRAIL  
VENICE, FL 34293

07 MAR 19 22 AM 10:12  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

T & H COMPTROLLERS, INC.  
Name

200 CAPRI ISLES BLVD.  
Florida street address (P.O. Box NOT acceptable)

VENICE FLORIDA 34292  
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..*

By: Donald P. Hegarty, PRES.  
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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

SUSAN J. MINNEMAN  
1524 QUEEN RD  
VENICE, FL 34293

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

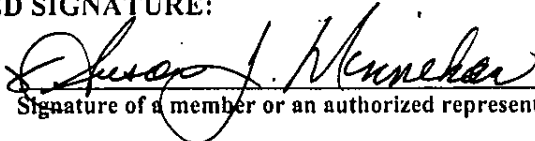
\_\_\_\_\_

(Use attachment if necessary)

FILED  
07 MAR 19 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

REQUIRED SIGNATURE:



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.)

SUSAN J. MINNEMAN

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)