

L08000068003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

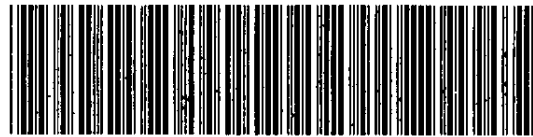
Special Instructions to Filing Officer:

**A. LUNT**

JUL 15 2008

**EXAMINER**

Office Use Only



100132441231

07/14/08--01037--009 \*\*160.00

**FILED**  
2008 JUL 14 A 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ARCHITECTURAL CONSTRUCTION MANAGEMENT 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:

Nick PATEWAUDE

(Name of Person)

ARCHITECTURAL CONSTRUCTION MANAGEMENT LLC

(Firm/Company)

3965 DEER CROSSING CT #201

(Address)

NAPLES FL 34114

(City/State and Zip Code)

For further information concerning this matter, please call:

Nick PATEWAUDE

(Name of Person)

at ( 239 ) 872 57

(Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

2009 JUL 14 A 11:06

FILED

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Architectural Construction Management LLC.

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

### ARTICLE II - Address:

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

#### Principal Office Address:

3965 DEER CROSSING CT #201  
NAPLES FL 34114

#### Mailing Address:

3965 DEER CROSSING CT #201  
NAPLES FL 34114

### 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:

Nick Patenaude  
Name

3965 Deer Crossing Ct #201  
Florida street address (P.O. Box **NOT** acceptable)  
Naples. FL 34114  
City, State, and Zip

FILED  
2008 JUL 14 A 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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 =

Nick PATENAUDE  
3965 DEER CROSSING CT #201  
NAVES FL 34114

MGRM

Thomas Renninghoff  
6235 Lancewood way  
Naples FL 34116

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

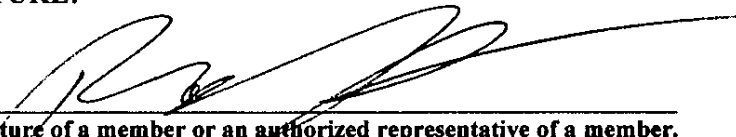
\_\_\_\_\_

(Use attachment if necessary)

FILED  
JUL 14 A 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

  
\_\_\_\_\_  
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.)

Thomas Renninghoff  
\_\_\_\_\_  
Typed or printed name of signer

**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)**

**DISCLAIMER-IMPORTANT INFORMATION:** The registration of a Fictitious Name does **not** satisfy the Workers Comp Exemption requirements. To meet the Workers Comp exemption requirements, Articles of Incorporation or Articles of Organization for a Limited Liability Company must be filed.

A Fictitious Name registration is not required for a person's legal name, corporation name, limited liability company name, or limited partnership name. A Fictitious Name registration is **not** required as a pre-requisite to filing a corporation, a limited liability company or a limited partnership.

Any information you submit on a registration will be made part of the public record. All information will be available on the Division of Corporation's web site for public view.

Please verify the information you submit for accuracy. The filing information will be added exactly as you enter it. Once you submit the information, it cannot be changed, removed, cancelled, or refunded.

☒ I have read and accept the terms of this DISCLAIMER.



2008 JUL 14 A 11: 06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED