

LI 0000021453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/08/10--01029--011 **125.00

S. HAWKES
FEB 24 2010
EXAMINER

S. HAWKES
FEB 9 2010
EXAMINER

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2010

ROBERT SHERNO
29 J FOUNTAIN OF YOUTH BLVD
ST. AUGUSTINE, FL 32080

SUBJECT: AUTOMATED VALVE LLC
Ref. Number: W10000006552

We have received your document for AUTOMATED VALVE 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 610A00003347

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Automated Valve 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:

Robert Sherno

Name of Person

Automated Valve LLC

Firm/Company

29 J. Fountain of Youth Blvd

Address

St. Augustine FL 32080

City/State and Zip Code

mbarav@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Sherno

Name of Person

at (904)

540-6494

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Automated Valve, 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:

29 J. Fountain Of Youth Blvd
St. Augustine FL 32080

Mailing Address:

29 J. Fountain of Youth Blvd
St. Augustine, FL 32080

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:

DOUGLAS N. BURNETT

Name

509 ANASTASIA BOULEVARD

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

ST. AUGUSTINE FL 32080

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..



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:

MGR

Robert Sherno

29 J. Fountain of Youth Blvd

St. Augustine, FL 32080

MGRM

Automated Systems, Inc.

13903 Mandarin oaks Lane

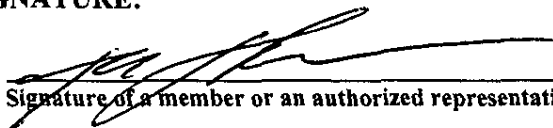
Jacksonville, FL 32223

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 1, 2010 (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.)

Robert Sherno

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)