

L 1000000 65946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

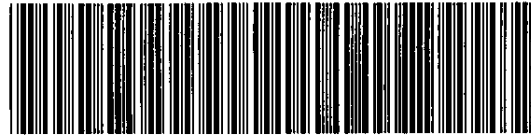
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EFFECTIVE DATE

6/14/2010

10 JUN 16 PM 4:18

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

JUN 21 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

EFFECTIVE DATE

6/14/2010

SUBJECT: AC DEPOT, 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:

Steven R. Jensen

Name of Person

AC DEPOT, LLC.

Firm/Company

6041 Siesta Lane

Address

Port Richey, FL 34668

City/State and Zip Code

sjensen@optimacorp.com

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

For further information concerning this matter, please call:

Steven R. Jensen

Name of Person

at (727)

835.1055x210

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 16 PM 4:18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

EFFECTIVE DATE

6/14/2010

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 16 PM 4:18

June 17, 2010

STEVEN R. JENSEN
6041 SIESTA LANE
PORT RICHEY, FL 34668

SUBJECT: AC DEPOT, LLC
Ref. Number: W10000028979

PU 9-88288

We have received your document for AC DEPOT, 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):

Please note that we have RETAINED your \$125.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 610A00014928

EFFECTIVE DATE

6/14/2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AC DEPOT OF CENTRAL FLORIDA, 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:

Mailing Address:

6041 Siesta Lane
Port Richey, FL 34668

6041 Siesta Lane
Port Richey, FL 34668

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:

Steven R. Jensen

Name

6041 Siesta Lane

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

Port Richey, FL 34668 FL

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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 16 PM 4:18

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

Steven R. & Rita A. Jensen (TBTE)

6041 Siesta Lane

Port Richey, FL 34668

MGRM

SRJ DYNASTY TRUST, u/a/d 07/01/09

6041 Siesta Lane

Port Richey, FL 34668

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 14, 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.)

Steven R. Jensen

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)