

LL00000077543

(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:

Office Use Only



100182947501

07/23/10--01008--004 **70.00

07/12/10--01029--007 **55.00

Effective Date 09/01/10

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUL 22 AM 10:10

T. HAMPTON

JUL 29 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AAcme Lock & Safe Co. 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:

Jim Dixon

Name of Person

AAcme Lock & Safe Co, LLC

Firm/Company

5355 W. Blade Ln.

Address

Dunnellon, FL 34433

City/State and Zip Code

acmelocksafe@yahoo.com

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

For further information concerning this matter, please call:

Jim Dixon

Name of Person

at (352) 201-5131

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUL 22 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 13, 2010

JIM DIXON
5355 W BLADE LN
DUNNELLON, FL 34433

SUBJECT: DUNNELLON LOCK & SAFE LLC
Ref. Number: L08000100365

We have received your document for DUNNELLON LOCK & SAFE LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

The total amount due to reinstate is \$377.50.

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) 245-6855.

Tammy Hampton
Regulatory Specialist II

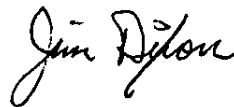
Letter Number: 410A00017046

Att; Tammy Hampton

We spoke briefly on Thursday the 22nd of July about Dunnellon Lock & Safe LLC being dissolved.

**Inclosed are the documents for AAcm Lock & Safe Co. LLC.
You told me we have a credit of \$55.00 so inclosed is a check for \$70.00.
Thank you for all your help in this matter.**

Jim Dixon

A handwritten signature in cursive script that reads "Jim Dixon". The signature is written in black ink and is positioned below the printed name "Jim Dixon".

Effective Date

09/01/10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aacme Lock & Safe Co. 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:

5355 W. Blade Ln.

Dunnellon, FL 34433

Mailing Address:

5355 W. Blade Ln.

Dunnellon, FL 34433

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:

Jim Dixon

Name

5355 W. Blade Ln.

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

Dunnellon

FL 34433

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.

Jim Dixon
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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DIVISION OF CORPORATIONS

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

Jim Dixon

5355 W. Blade Ln.

Dunnellon, FL 34433

MGRM

Bonnie Dixon

5355 W. Blade Ln.

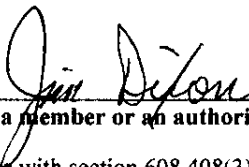
Dunnellon, FL 34433

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09-01-2010. (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.)

Jim Dixon

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)

FILED
10 JUL 22 AM 10:10
SECRETARY OF STATE
DIVISION OF CORPORATIONS