

L10000079683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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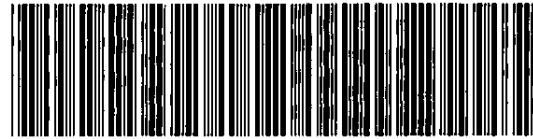
(Business Entity Name)

(Document Number)

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

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10 JUL 28 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Collins JUL 29 2010

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***COVER LETTER:***

***TRUE BUILDERS LLC  
ROBIN MARK LEVER  
515 REDDICKS CIRCLE  
WINTER HAVEN, FLORIDA  
33884  
(863) 521-5575***

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: True Builders 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:

Robin Mark Lever

Name of Person

True Builders LLC

Firm/Company

515 Reddicks circle

Address

Winter Haven, Florida 33884

City/State and Zip Code

truebuilders101@aol.com

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

For further information concerning this matter, please call:

Robin Mark Lever

Name of Person

at ( 863 )

521-5575

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:

True Builders 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:

515 Reddicks circle

Winter Haven, Florida 33884

#### Mailing Address:

515 Reddicks circle

Winter Haven, Florida 33884

### 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:

Robin Mark Lever

Name

5115 north socrum loop #35

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

Lakeland

FL 33809

City, State, and Zip

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*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)

Page 1 of 2

**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 \_\_\_\_\_

Robin Mark Lever

5115 north socrum loop #35

Lakeland, Florida 33809

Mgr \_\_\_\_\_

Isaac Turpin

7627 Stoney Hill drive

Wesley Chapel, Florida 33545

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**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.)

Robin Mark Lever

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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)