

L10000088431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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

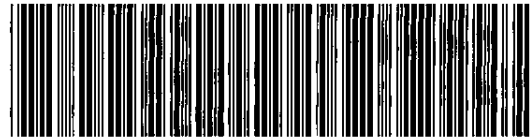
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W10-39169

Office Use Only

EFFECTIVE DATE 8-16-10



300184201973

08/18/10--01032--003 \*\*130.00

FILED  
10 AUG 23 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 23 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 19, 2010

BRANDON NOVAK  
229 SW ERIN GLEN  
LAKE CITY, FL 32024

SUBJECT: NOVAK CONSTRUCTION, LLC  
Ref. Number: W10000039169

FILED  
10 AUG 23 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for NOVAK CONSTRUCTION, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 810A00019964

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Novak Contruction, 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:

Brandon Novak

Name of Person

Novak Contruction, LLC

Firm/Company

<sup>229</sup>  
~~259~~ SW Erin Glen Lake City, FL 32024

Address

Lake City, FL 32024

City/State and Zip Code

brandonsnovak@hotmail.com

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

For further information concerning this matter, please call:

Brandon Novak

Name of Person

at ( 386 ) 965-2085

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

~~Novak Construction, LLC~~ **BRANDON NOVAK CONSTRUCTION, 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:**

<sup>229</sup>  
~~200~~ SW Erin Glen  
Lake City, FL 32024

**Mailing Address:**

<sup>229</sup>  
~~200~~ SW Erin Glen  
Lake City, FL 32024

**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:

Brandon Novak  
Name  
<sup>229</sup>  
~~200~~ SW Erin Glen  
Florida street address (P.O. Box **NOT** acceptable)  
Lake City FL 32024  
City, State, and Zip

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10 AUG 23 PM 3:55  
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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.*

**Brandon S Novak**  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE **8-16-10**

**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

MGR

**Name and Address:**

Brandon Novak

229 SW Erlin Glen

Lake City, FL 32024

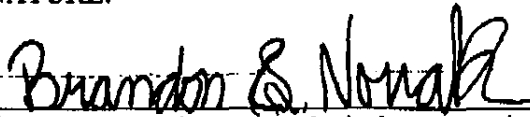
Brandon Novak  
229 SW ERLIN GLEN  
LAKE CITY FL 32024

(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.)

Brandon Novak

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 AUG 29 PM 3:59

FILED

**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)