

#L 11000044009

(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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Office Use Only



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04/04/11--01020--032 **160.00

FILED
11 APR 11 AM 10:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR 13 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2011

MARK C. SPADA
98 MCALISTER DRIVE
ORMOND BEACH, FL 32174

SUBJECT: PAVER BROTHERS, LLC.
Ref. Number: W11000019218

We have received your document for PAVER BROTHERS, LLC. and your check(s) totaling \$160.00. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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

The document number of the name conflict is P05000004762 "PAVERS BROTHERS, INC.".

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) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 611A00008276

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAVER BROTHERS, 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:

MARK C. SPADA

Name of Person

PAVER BROTHERS, LLC.

Firm/Company

98 MCALISTER DRIVE

Address

ORMOND BEACH, FLORIDA 32174

City/State and Zip Code

paverbrothers@yahoo.com

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

For further information concerning this matter, please call:

MARK C. SPADA

Name of Person

at (386) 307-8290

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:

PAVER BROTHERS OF ORMOND BEACH, 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:

98 MCALISTER DRIVE
ORMOND BEACH, FL 32174

Mailing Address:

98 MCALISTER DRIVE
ORMOND BEACH, FL 32174

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:

MARK C. SPADA

Name

98 MCALISTER DRIVE

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

ORMOND BEACH FL 32174

City, State, and Zip

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CLERK OF STATE
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..


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:

PRESIDENT

MARK C. SPADA
98 MCALISTER DRIVE
ORMOND BEACH, FL 32174

EXECUTIVE VICE PRESIDENT

RONALD M. MELLEN
P.O. BOX 250576
HOLLY HILL, FL 32125

EXECUTIVE VICE PRESIDENT

DANIEL T. MELLEN
58 LORILLARD
ORMOND BEACH, FL 32174

EXECUTIVE VICE PRESIDENT / SECRETARY

CHRISTINE D. SPADA
98 MCALISTER DRIVE
ORMOND BEACH, FL 32174

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

MARK C. SPADA
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)