

L110000050230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

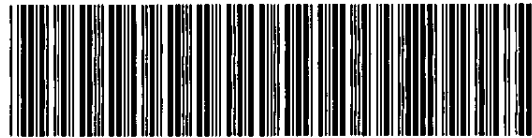
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100200464531

04/20/11--01008--017 **130.00

RECEIVED

11 APR 20 PM 12:35

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 APR 28 PM 1:25

B. KOHR

APR 28 2011

EXAMINER

16122-1107

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **CALIBER SERVICES OF ESCAMBIA 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:

LASHELLE KEEL

Name of Person

Firm/Company

58 SIOUX CIRCLE

Address

HAVANA, FL 32333

City/State and Zip Code

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

For further information concerning this matter, please call:

LASHELLE KEEL

Name of Person

at (**850**) **539-5171**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 28 PM 1:25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2011

LASHELLE KEEL
58 SIOUX CIR
HAVANA, FL 32333

SUBJECT: CALIBER SERVICES OF ESCAMBIA LLC
Ref. Number: W11000022191

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 APR 28 AM 8:46
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

We have received your document for CALIBER SERVICES OF ESCAMBIA 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 letter of release must be signed.,

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.

Please return the corrected original and one copy of 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
Registration/Qualification Section

Letter Number: 411A00009610

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 APR 28 PM 1:25

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CALIBER SERVICES OF ESCAMBIA 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:

1706 KATHLEEN AVE
CANTONMENT, FL 32533

Mailing Address:

1706 KATHLEEN AVE
CANTONMENT, FL 32533

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:

LASHELLE KEEL

Name

58 SIOUX CIRCLE


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

HAVANA

FL 32333

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 CORPORATE
11 APR 28 PM 1:25

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

DEREK GRIER

1706 KATHLEEN AVE

CANTONMENT, FL 32533

MGRM

TINA GRIER

1706 KATHLEEN AVE

CANTONMENT, FL 32533

(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.)

LASHELLE KEEL

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)

II Derek Grier of Caliber

Services of Escambia LLC (L09000090820)

have no intention of reinstating ~~this~~

limited liability company.

Derek Grier