

L11000054398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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04/28/11--01034--024 **160.00

EFFECTIVE DATE 05-01-11

FILED
11 MAY -6 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
MAY 9 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Absolute Civil Engineering Solutions, 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:

Tiffany Leal

Name of Person

Absolute Civil Engineering Solutions, LLC

Firm/Company

1731 Harbour Side Drive

Address

Weston, FL 33326

City/State and Zip Code

tiffanyleal2016@comcast.net

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

For further information concerning this matter, please call:

Tiffany Leal

Name of Person

at (561) 613-2093

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

FILED
11 MAY -5 AM 10:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Absolute Civil Engineering Solutions, 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:

1731 Harbour Side Drive

Weston, FL 33326

Mailing Address:

1731 Harbour Side Drive

Weston, FL 33326

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:

Tiffany Leal

Name

2016 Park Place

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

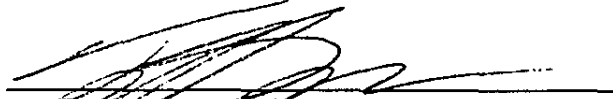
Boca Raton

FL 33486

City, State, and Zip

FILED
11 MAY - 6 AM 10:11
SECRETARY 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:

MGRM

Tiffany Leal
2016 Park Place
Boca Raton, FL 33486

MGRM

Wayne E. Webb
1731 Harbour Side Drive
Weston, FL 33326

STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE

11 MAY -6 AM 10:11

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 1, 2011 (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.)

Tiffany Leal

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2011

TIFFANY LEAL
1731 HARBOUR SIDE DRIVE
WESTON, FL 33326

SUBJECT: ABSOLUTE CIVIL ENGINEERING SOLUTIONS, LLC
Ref. Number: W11000024376

We have received your document for ABSOLUTE CIVIL ENGINEERING SOLUTIONS, 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

The document number of the name conflict is P11000031471,

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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 911A00010627

FILED
11 MAY - 6 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Absolute Civil Engineering Solutions Inc.
ENGINEERING TESTING-ENGINEERING INSPECTION SERVICES-GEOTECHNICAL-ENVIRONMENTAL SERVICES

May 5, 2011

Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

Attn: Ms. Barbara Bostick

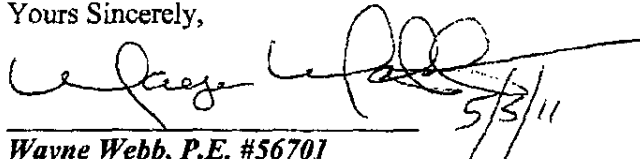
Re.: **Permission for use of Absolute Civil Engineering Solutions**

Dear Ms. Bostick:

In response to the current rejected filing of Absolute Civil Engineering Solutions, LLC, please accept this letter as permission for the name Absolute Civil Engineering Solutions to be used and re-filed as an LLC. Should you have any questions or need additional information to process this request, please contact me at (954) 868-1146.

Thank you for your assistance in this matter.

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'Wayne Webb', with a date '5/3/11' written below it.

Wayne Webb, P.E. #56701

Absolute Civil Engineering Solutions Inc.

FILED
11 MAY -6 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA