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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☒ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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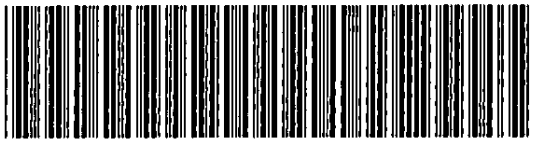

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON
Aug 8 2011
EXAMINER

# COVER LETTER

**TO: Registration Section**
**Division of Corporations**

**SUBJECT:** A 3 G Evans Enterprises 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:

Gennell Evans
Name of Person

A 3 G Evans Enterprises
Firm/Company

P.O. Box 20841 Tallahassee
Address

Tallahassee FL. 32316
City/State and Zip Code

agcleaningservice@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gennell Evans at (850) 345-3394
Name of Person 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

A&G Evans Enterprises Inc.
P.O. Box 20084
Tallahassee Fl.32316
July 11, 2011

Florida Department of State
Divisions of Corporations
Public Access Accounts
P.O. Box 6327
Tallahassee, FL 32314

Dear: Florida Department of State Divisions

A&G Evans Enterprises Inc., is pleased to announce that we will be changing our companies business structure from an Incorporation to a Limited Liability Company.

With our company changing over as a Limited Liability Company we no longer have the intent to do business as A&G Evans Enterprises INC. but as A&G Evans Enterprises LLC.

Our company gives up the right to the name A&G Evans Enterprises INC. and will resume doing business as A&G Evans Enterprises LLC.

Thank You

Sincerely,

Gennell Evans
Vice President

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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:

A3G Evans Enterprises 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:**

~~P.O. Box 20084~~ GC
~~Tallahassee FL. 32316~~
1430 willowbend Apt B
Tallahassee FL. 32301

**Mailing Address:**

P.O. Box 20084
Tallahassee FL. 32316

**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:

Glennell Evans
Name

1430 willowbend way Apt B
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32316
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..*

Glennell Evans
Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

**(CONTINUED)**

**ARTICLE IV- Manager(s) or Managing Member(s):**
The name and address of each Manager or Managing Member is as follows:

| **Title:** | **Name and Address:** |
|---|---|
| "MGR" = Manager<br>"MGRM" = Managing Member | |
| MGRM | Gennell Evans<br>P.O. Box 200841<br>Tallahassee Fl. 32314 |
| MGRM | Antlene Evans<br>P.O. Box 200841<br>Tallahassee Fl. 32314 |
| | |
| | |

(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:**

Gennell Evans

**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.)

Gennell Evans
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)**

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TALLAHASSEE, FLORIDA