

L 12000015456

(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:

A. LUNT

FEB - 1 2011

EXAMINER

Office Use Only



700213107467

01/19/12--01025--002 **238.75

SECTION 55 STATE
TALLAHASSEE, FLORIDA

2012 JAN 31 PM 4:20

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2012

DAVID LARSON
160 RAYMOND OAKS CT.
ALTAMONTE SPRINGS, FL

SUBJECT: PRIMESOURCE CONTRACTORS LLC
Ref. Number: L08000051177

We have received your document for PRIMESOURCE CONTRACTORS LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above referenced entity was voluntarily dissolved. There is no provision in the Florida Statutes for reinstating a voluntarily dissolved entity. Therefore, we are returning your reinstatement along with the forms and instructions for you to form a new entity.

Enclosed is an application for refund. Please sign and return and allow at least 60 to 90 days for the refund to be processed.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 912A00001430

David A. Larson

160 Raymond oaks Ct.
Altamonte Springs, FL 32763
T 407-222-3218
F 866-215-9191

dlarsonmobile@gmail.com

January 26, 2012

Division of Corporations
Registration Section
PO BOX 6327
Tallahassee, FL 32314

Ref. Number: L08000051177

PrimeSource Contractors LLC is accociated with PrimeSource Contractor INC. Please allow the use of the PrimeSource Contractors LLC name as a new entity.

Please issue a refund for the difference to:

David A. Larson

160 Raymond Oaks Ct.

Altamonte Springs, FL 32701

Sincerely yours,



David A. Larson

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JAN 31 PM 4:20

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

PrimeSource Contractors 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:

David A. Larson

Name of Person

PrimeSource Contractors LLC

Firm/Company

160 Raymond Oaks Ct

Address

Altamonte Springs FL 32701

City/State and Zip Code

dlarsonmobile@gmail.com

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

For further information concerning this matter, please call:

David A. Larson

Name of Person

at (407) 222-3218

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

2012 JAN 31 PM 4:28
STATE OF FLORIDA
TALLAHASSEE

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PrimeSource Contractors 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:

1160 Raymond Oaks Ct
Altamonte Springs FL
32701

Mailing Address:

1160 Raymond Oaks Ct
Altamonte Springs FL
32701

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:

David A. Larson
Name

1160 Raymond Oaks Ct
Florida street address (P.O. Box **NOT** acceptable)
Altamonte Springs FL
City, State, and Zip

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2012 JAN 31 PM 4:28

FILED

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..

[Signature]

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

David A. Larson
160 Raymond Oaks Ct
Hamonte Springs FL 32701

(Use attachment if necessary)

FILED
2012 JAN 31 PM 4:28
CLERK OF COURT
HAMILTON COUNTY
FLORIDA

FILED

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.)

David A. Larson
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)