

L12000041394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

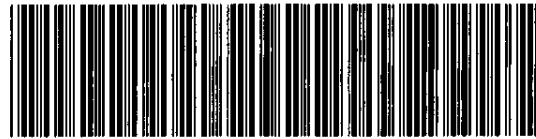
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900225790089

03/22/12--01002--020 **130.00

RECEIVED

12 MAR 22 AM 11:24

STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

12 MAR 23 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan MAR 26 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEITH ONEAL CONSTRUCTION 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

LBK ACCOUNTING SERVICES LLC

Firm/Company

58 SIOUX CIRCLE

Address

HAVANA, FL 32333

City/State and Zip Code

lbkacct@att.net

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



RECEIVED
DEPARTMENT OF STATE

12 MAR 23 PM 12:56

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2012

LASHELLE KEEL
LBK ACCOUNTING SERVICES LLC
58 SIOUX CIRCLE
HAVANA, FL 32333

SUBJECT: KEITH ONEAL CONSTRUCTION LLC
Ref. Number: W12000016535

We have received your document for KEITH ONEAL CONSTRUCTION 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 consent must be signed by a Manager or Managing Member or an authorized representative of a Member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

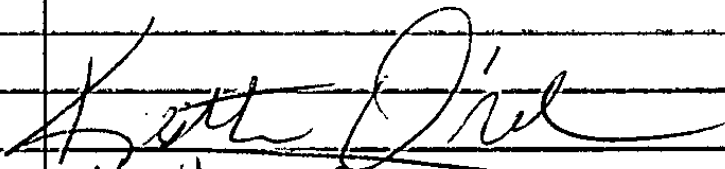
If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 912A00010021

I Keith Oneal managing member
of Keith Oneal Constuction LLC (L10000018105)

have no intention of reinstating this limited
liability company


Keith Oneal

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KEITH ONEAL CONSTRUCTION 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:

178 SAVANA RD
CRAWFORDVILLE, FL 32327

Mailing Address:

178 SAVANA RD
CRAWFORDVILLE, FL 32327

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:

LBK ACCOUNTING SERVICES LLC

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)

FILED
12 MAR 23 AM 9:59
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

KEITH ONEAL

178 SAVANA RD

CRAWFORDVILLE, FL 32327

MGRM

DOROTHY MCCALVIN

178 SAVANA RD

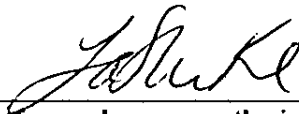
CRAWFORDVILLE, FL 32327

(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)

FILED
12 MAR 23 AM 9:59
TALLAHASSEE, FLORIDA
SECRETARY OF STATE