

**L120000057774**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

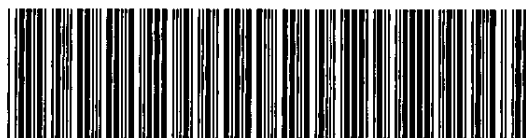
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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**FILED**

**12 APR 30 AM 11:35**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RECEIVED**

**12 APR 30 AM 11:35**

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**D. BRUCE**

**APR 30 2012**

**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Shane Rivenbark Masonry And Maintenance & Janitorial Services  
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:

Shane Rivenbark

Name of Person

Shane Rivenbark Masonry And Maintenance & Janitorial Services

Firm/Company

3506 North Monroe Street

Address

Tallahassee, FL 32303

City/State and Zip Code

Shane Rivenbark 2@gmail.com

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

For further information concerning this matter, please call:

Shane Rivenbark

Name of Person

at ( 850 ) 363-3300

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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Shane Rivenbark Masonry and Maintenance & Janitorial Services 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:

3506 North Monroe St.  
Tallahassee, FL  
32303

Mailing Address:

3506 North Monroe St  
Tallahassee, FL  
32304

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:

Delicia Rivenbark  
Name

3506 North Monroe Street  
Florida street address (P.O. Box NOT acceptable)  
Tallahassee FL, 32304  
City, State, and Zip

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*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..*

Delicia Rivenbark  
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

MGR

**Name and Address:**

Shane Rivenbark  
3506 North Monroe St  
Tallahassee, FL 32303

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(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:**

Shane Rivenbark  
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.)

Shane Rivenbark  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

**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)