

L12000108021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

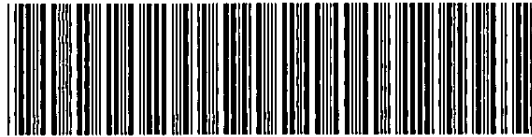
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/01/12--01035--007 **285.75

APPROVED
AND
FILED

12 AUG - 1 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 22 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2012

CLAY VINCENT HECTOR
5729 PINETREE AVE
PANAMA CITY, FL 32408

SUBJECT: CLAY VINCENT HECTOR DRYWALL L.L.C.
Ref. Number: L08000035524

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for CLAY VINCENT HECTOR DRYWALL L.L.C. and your check(s) totaling \$285.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2010 through 2012; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$521.25.

We are enclosing the proper form(s) with instructions for your convenience.

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 612A00020524

Will file New LLC instead

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLAY'S DRYWALL 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:

CLAY VINCENT HECTOR

Name of Person

CLAY'S DRYWALL LLC

Firm/Company

5729 PINETREE AVE

Address

PANAMA CITY BEACH FL. 32408

City/State and Zip Code

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

For further information concerning this matter, please call:

CLAY VINCENT HECTOR

Name of Person

at (850) 258-0959

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLAY'S DRYWALL 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:

CLAY'S DRYWALL LLC
5729 PINETREE AVE
PANAMA CITY BEACH FL. 32408

Mailing Address:

CLAY'S DRYWALL LLC
5729 PINETREE AVE
PANAMA CITY BEACH FL. 32408

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:

CLAY VINCENT HECTOR

Name

5729 PINETREE AVE

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

P.C.B.

FL

32408

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.

Clay V Hector

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

CLAY VINCENT HECTOR
5429 PINE TREE AVE
PANAMA CITY BEACH, FL 32408

(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:

Clay V Hector

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.)

CLAY VINCENT HECTOR

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)