

L12000119694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2012 SEP 18 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W

J. BRYAN

SEP 19 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2012

PHILIP E. MOSEMANN
PHILIP E. MOSEMANN HOME SERVICES, LLC
6422 MEADOW FIELD CIR.
PENSACOLA, FL 32526

SUBJECT: PHILIP E. MOSEMANN HOME SERVICES, LLC
Ref. Number: L09000017718

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2012 SEP 18 PM 1:15
TALLAHASSEE, FLORIDA

We have received your document for PHILIP E. MOSEMANN HOME SERVICES, LLC and your check(s) totaling \$165.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This company Voluntary Dissolved on 02/15/2010, you only have 120 days to file Revocation of Dissolution. If you want to start your business again you would have to start all over filing the articles of organization.

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

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.

Joey Bryan
Regulatory Specialist II

Letter Number: 212A00021425

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Philip E. Mosemann Home Services 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:

Philip E. Mosemann
Name of Person

Philip E. Mosemann Home Services LLC
Firm/Company

6422 Meadowfield Cir.
Address

Pensacola FL 32526
City/State and Zip Code

kevin — kate @ bellsouth . net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philip Mosemann at (251) 504-1895
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

NA
☒ \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Philip E. Mosemann Home 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:

Mailing Address:

6422 Meadowfield Cir.
Pensacola FL 32526

6422 Meadowfield Cir.
Pensacola FL 32526

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:

Kevin Christenson
Name

6422 Meadowfield Cir.
Florida street address (P.O. Box **NOT** acceptable)
Pensacola FL 32526
City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Kim Chu
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

MGRM

Name and Address:

Philip E. Mosemann
124110-A County Rd. 91
Lillian AL 36549

(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:

Philip E. Mosemann
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.)

Philip E. Mosemann
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)