

L12000123554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

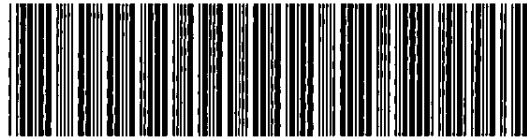
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300239609303

09/26/12--01015--005 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2012 SEP 26 AM 10:54

C. LEWIS

SEP 27 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL COUNTY INSTALLERS 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:

BRANDON BYER
Name of Person

ALL COUNTY INSTALLERS LLC
Firm/Company

1631 ROCKS SPRINGS RD #136
Address

APOPKA, FL 32712
City/State and Zip Code

ALL COUNTY INSTALLERS @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHANN BYER at (407) 625-8903
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 ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

PLEASE NOTE: CHECK WAS PREVIOUSLY
MAILED.

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

PLEASE FIND ENCLOSED M/O

Thank You.

FAX #
850-245-6030



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2012

BRANDON BYER / ALL COUNTY INSTALLERS LLC
1631 ROCK SPRINGS RD #136
APOPKA, FL 32712

SUBJECT: ALL COUNTY INSTALLERS LLC
Ref. Number: W12000044868

We have received your document for ALL COUNTY INSTALLERS LLC and check(s) totaling \$130.00. However, your check(s) and document are being returned for the following:

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

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

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 112A00022072

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL COUNTY INSTALLERS 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:

BRANDON BYER
Name of Person

ALL COUNTY INSTALLERS LLC
Firm/Company

1631 ROCKS SPRINGS RD #136
Address

APOPKA, FL 32712
City/State and Zip Code

ALL COUNTY INSTALLERS @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHANN BYER at (407) 625-8903
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 ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

PLEASE NOTE: CHECK WAS PREVIOUSLY
MAILED.

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

FAX #

850-245-6030

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALL COUNTY INSTALLERS 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:

1238 N. FAIRWAY DR
APAPKA FL 32712

Mailing Address:

1631 ROCKS SPRINGS RD #136
APAPKA FL 32712

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:

BRANDON BYER

Name

1631 ROCKS SPRINGS RD #136

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

APAPKA FL 32712

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..

Brandon Byer

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2012 SEP 26 AM 10:54

2012 SEP 26 AM 10: 54

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:

MGR

BRANDON BYER

1238 N. FAIRWAY DR

APOPKA FL 32712

MGRM

JOHANN BYER

1238 N. FAIRWAY DR

APOPKA, FL 32712

(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.)

JOHANN BYER

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)