

L12000155034 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

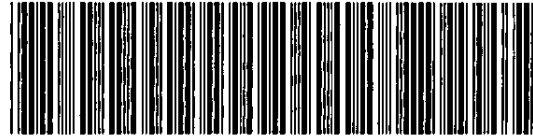
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300241893563

11/19/12--01039--014 **125.00

FALLAHASSEE, FLORIDA

12 DEC 11 PM 1:17

FILED


B. BOSTICK
DEC 12 2012
EXAMINER

12-4-12

To Whom It May Concern.

In reference to my LLC application, I received letter #612A00027951, I am the owner of the conflicting document # P06000142501. I am not going to reactivate or reinstate that corporation ever and would like to mover forward with the application for my LLC.

Thank You



Edward Robinson

FILED
12 DEC 11 PM 1:17
CLERK OF THE
TALLAHASSEE, FLORIDA

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A & E RESTORATION & CONSTRUCTION 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:

EDWARD G ROBINSON

Name of Person

Firm/Company

2649 SNOWFLAKE LN

Address

NORTH PORT, FL 34286

City/State and Zip Code

MALIBU81406@YAHOO.COM

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

For further information concerning this matter, please call:

EDWARD ROBINSON

Name of Person

at (**941**) **456-5134**

Area Code & Daytime Telephone Number

12 DEC 11 PM 1:17
TALLAHASSEE, FLORIDA

FILED

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A & E RESTORATION & CONSTRUCTION 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:

2649 SNOWFLAKE LANE
NORTH PORT, FL 34286

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:

CHARLES CASH

Name

24614 NOVA LANE

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

PORT CHARLOTTE, FL 33980

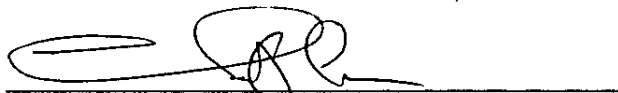
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 DEC 11 PM 1:17

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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..



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

Name and Address:

MGRM _____

EDWARD G ROBINSON _____

2649 SNOWFLAKE LANE _____

NORTH PORT, FL 34286 _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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.)

EDWARD G. ROBINSON _____

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2012

EDWARD G. ROBINSON
2649 SNOWFLAKE LANE
NORTH PORT, FL 34286

SUBJECT: A & E RESTORATION & CONSTRUCTION SERVICES, LLC
Ref. Number: W12000058499

STATE TOLSON
TALLAHASSEE, FLORIDA

12 DEC 11 PM 1:17

FILED

We have received your document for A & E RESTORATION & CONSTRUCTION SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P06000142501,

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 612A00027951