

L13000055099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

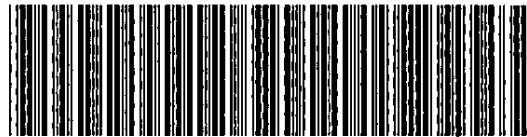
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/03/13--01010--022 **185.00

FILED
13 APR 12 PM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 15 2013
B. KOHR



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2013

EARL EVOY
1995 LAKE BREEZE COURT
WELLINGTON, FL 33414

SUBJECT: FLORIDA EMERGENCY SERVICE LLC
Ref. Number: W13000019853

FILED
13 APR 12 PM 5:06
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

We have received your document for FLORIDA EMERGENCY SERVICE LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A sole proprietorship cannot use Florida conversion laws to convert itself into a limited liability company.

If you have a sole proprietorship and wish to have an LLC, you will simply file article of organization to form a Florida LLC.

But please ALSO NOTE that the name you have chosen for your LLC is not available because it is too similar to the name of an existing company -- FLORIDA EMERGENCY SERVICES, LLC -- Doc. Number L11000000249.

So, please choose another name for your limited liability company, and please return ONLY the Articles of Organization.

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.

Buck Kohr
Regulatory Specialist II

Letter Number: 313A00008037

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Florida Emergency Restoration LLC
Name of Limited Liability Company

FILED
13 APR 12 PM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Earl Evoy

Name of Person

Florida Emergency Restoration LLC

Firm/Company

1995 Lake Breeze Court

Address

Wellington Florida 33414

City/State and Zip Code

earl_evoy@bellsouth.net

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

For further information concerning this matter, please call:

Earl Evoy

Name of Person

at (**561**) **8899636**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

Florida Emergency Restoration 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 are:

Principal Office Address:

Florida Emergency Restoration LLC

1995 Lake Breeze Court

Wellington FL 33414

Mailing Address:

Florida Emergency Restoration LLC

1995 Lake Breeze Court

Wellington FL 33414

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:

Earl Evoy

Name

1995 Lake Breeze Court

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

Wellington FL 33414 FL

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..

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:

MGR _____

Earl Evoy _____

1995 Lake Breeze Court _____

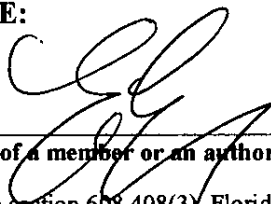
Wellington FL 33414 _____

(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.)

Earl Evoy _____

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)