

# L 13000177240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

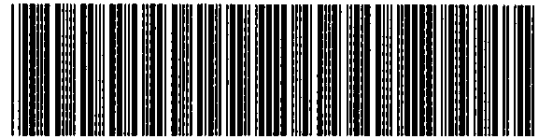
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

CORRECTION TO MGRM PER  
CONVERSATION WITH  
JEFFERY MATHIS 12-27-2013  
KS

Office Use Only



600254773516

12/18/13--01035--006 \*\*160.00

EFFECTIVE DATE  
12-16-2013

FILED  
13 DEC 18 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

DEC 27 2013

(850) 245-6051.

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Mathis & Sons Septic Limited Liability Cor**  
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:

**Jeffery N. Mathis**

Name of Person

**Septic Services**

Firm/Company

**908 Lake Jessamine Drive**

Address

**Orlando, Florida 32839**

City/State and Zip Code

**Mathisandsonsseptic@gmail.com**

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

For further information concerning this matter, please call:

**Jeffrey Mathis**

Name of Person

at **407** **202.6962**

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FOR

**Mathis & Sons Septic LLC**

EFFECTIVE DATE  
12-16-2013

FILED  
13 DEC 18 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The name of the Limited Liability Company shall be *Mathis & Sons Septic LLC*.

## ARTICLE II ADDRESS

The mailing address and street address of the principal office of **Mathis & Sons Septic LLC** is *P O Box 590065, Orlando, FL 32859-0065 (mailing) and 908 Lake Jessamine Drive, Orlando, FL 32839 (physical).*

## ARTICLE III REGISTERED AGENT

The name and the Florida street address of the registered agent are:

*Jeffery N. Mathis*  
*5515 Melody Lane.*  
*Orlando, FL 32839*

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

**ARTICLE IV**  
**MANAGER(S) OR MANAGING MEMBER(S)**

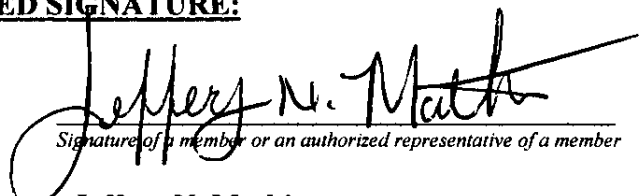
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name:</u>	<u>Address:</u>
Manager MEMBER	Jeffery N. Mathis	5515 Melody Lane Orlando, FL 32839

**ARTICLE V**  
**EFFECTIVE DATE**

The effective date shall be December 16, 2013.

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member  
Jeffery N. Mathis  
Typed or printed name of signee