

L14000017438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

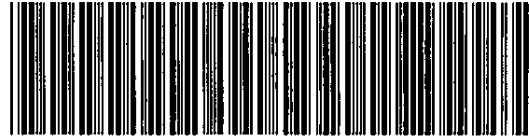
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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12/04/13--01012--015 **125.00

W13-66870

FILED
14 JAN 28 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JAN 31 2014

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: All-State Plumbing, 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:

Connie A. Casimiro
Name of Person

All-State Plumbing, LLC
Firm/Company

540 E. Minnetake Ave.
Address

Clermont, FL 34711
City/State and Zip Code

AllstPlumbing@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Connie Casimiro at (352) 272-6530
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)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2013

CONNIE A. CASIMIRO
540 E MINNEHAHA AVE
CLERMONT, FL 34711

SUBJECT: ALL-STATE PLUMBING, LLC.
Ref. Number: W13000066870

We have received your document for ALL-STATE PLUMBING, 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):

You have submitted the document and fees to form a Florida limited liability company; however, your name implies you wish to form a corporation. The name of a limited liability company cannot contain a corporate suffix. Corp., Corporation, Company, Co., Incorporated, and Inc. are all corporate suffixes. The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" maybe abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co."

Please correct the suffix or, if you wish to form a corporation, submit Articles of Incorporation. Any fees previously submitted with your limited liability company filing will be applied to your corporate filing.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 413A00027845

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

All-State Plumbing Service, 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:

540 E Minnehaha Ave.
Clermont, FL 34711

540 E Minnehaha Ave.
Clermont, FL 34711

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:

Connie A. Casimiro

Name

540 E. Minnehaha Ave

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

Clermont

FL

34711

City

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 605, F.S..

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

AMBR

Name and Address:

Connie A. Casimiro
540 E. Minnehaha Ave.
Clermont, FL 34711

Andrew Martinez
680 E. Minnehaha Ave.
Clermont, FL 34711

Brandon Casimiro
540 E. Minnehaha Ave.
Clermont, FL 34711

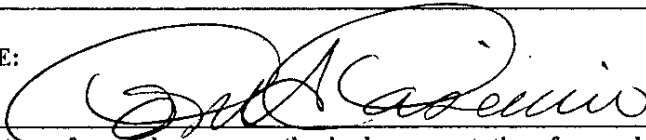
(Use attachment if necessary)

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 the date of filing.)

ARTICLE VI: Other provisions, if any.

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REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

Connie A. Casimiro
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)