

#L14000036193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Office Use Only



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FILED

2014 MAR -3 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAR - 4 2014

2/14-10846  
NOT WAIT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 19, 2014

JOHN MICHAEL STULTZ  
11811 LAKESHIRE CT.  
FORT MYERS, FL 33913

SUBJECT: STULTZ LLC  
Ref. Number: W14000010846

We have received your document for STULTZ LLC and your check(s) totaling \$160.00. 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.

The document number of the name conflict is P01000112715 "STULTZ, INC.".

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 014A00003744

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STULTZ 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:

JOHN MICHAEL STULTZ  
Name of Person

STULTZ LLC  
Firm/Company

11811 LAKESHIRE COURT  
Address

FORT MYERS FLORIDA 33913  
City/State and Zip Code

JOHN. STULTZ@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN MICHAEL STULTZ at ( 239 ) 565-3054  
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

# STULTZ INC.

GENERAL CONTRACTORS / CONSTRUCTION MANAGERS  
CGC 1504629

FILED

2014 MAR -3 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/3/14

FL. DEPT. OF STATE

ATTN

KAREN A. SALY

RE: STULTZ LLC

REG. # W/ 14000010846

AS SOLE OWNER OF STULTZ INC. I WOULD ALSO

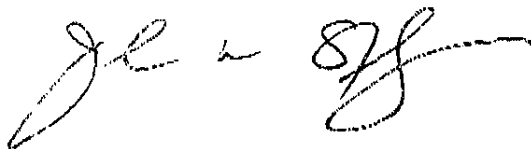
LIKE TO ESTABLISH STULTZ LLC AS A

SEPARATE ENTITY FOR ENDEAVORS THAN CONSTRUCTION

RELATED.

QUESTIONS PLEASE CALL

JOHN MICHAEL STULTZ



RECEIVED

14 MAR -3 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STULTZ 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:

11811 LAKESHIRE COURT  
FORT MYERS FLORIDA  
33913

SAME

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:

JOHN MICHAEL STULTZ

Name

11811 LAKESHIRE COURT

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

FORT MYERS

City

FL

33913

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 605, F.S..

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2014 MAR -3 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

**Name and Address:**

JOHN MICHAEL STULTZ  
11811 LAKESHIRE COURT  
FORT MYERS, FL 33913

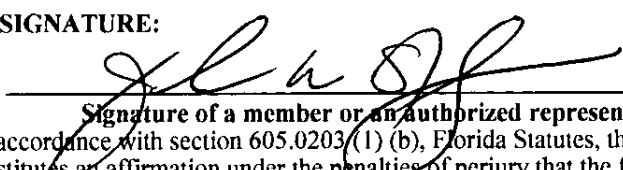
(Use attachment if necessary)

**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.)

**ARTICLE VI:** Other provisions, if any.

**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.)

JOHN M. STULTZ

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)