

L14 0000 50821

(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



500257519475

03/12/14--01013--011 **160.00

FILED
2014 MAR 14 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 27 2014

T CLINE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2014

JOSEPH ST. JOHN
16122 MORRIS DR
ORLANDO, FL 32833

SUBJECT: ADVANCED CONSTRUCTION LLC.
Ref. Number: W14000016313

We have received your document for ADVANCED CONSTRUCTION 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 the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.", "LC.," "Ltd.," and "Co."

The document number of the name conflict is L10000125656.

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.

Tammi Cline
Regulatory Specialist II

Letter Number: 114A00005517

2014 MAR 12 PM 3:52

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Construction 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:

Joseph ST. John
Name of Person

Advanced Construction LLC
Firm/Company

16122 Morris Dr.
Address

Orlando, Florida 32833
City/State and Zip Code

josephstjohn60@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph ST. John at (407) 375-8411
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAR 12 PM 3:52

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

St. Johns Advanced Construction 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:

16122 Morris Dr. Orlando FL 32833

16122 Morris Dr. Orlando FL 32833

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:

Joseph A. St. John

Name

16122 Morris Dr.

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

Orlando

City

FL

32833

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.

Joseph St. John

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
-CLERK/NOT OFFICE-

2014 MAR 12 PM 3:52

FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

Name and Address:

Joseph ST. John
16122 Morris Dr.
Orlando, FL 32833

TRAVIS ST. John
2120 E Grant Ave
Orlando, FL 32806

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MARCH 14, 2014 (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:

Joseph A. St. John

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.)

Joseph ST. John

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)

FILED
2014 MAR 12 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FL 32310