

L140000061418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

APR 15 2014

A. LUNT

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TO ACHIEVE  
SUFFICIENCY OF FILING

2014 APR 15 PM 12:43

STATION  
FILING  
FLORIDA

14 APR 15 PM 12:53

APPROVED  
AND  
FILED

I JAMES WINTERS

APPROVED  
AND  
FILED

14 APR 15 PM 12:53

HAVE NO INTENTION OF <sup>SEE</sup> <sub>FLORIDA</sub>

Reinstating JAMES WINTERS

CONTRACTING, LLC DOC# L12000068883

AND I Release the NAME.

A handwritten signature in black ink, appearing to read 'J. Winters', with a large loop at the end.

APPROVED  
AND  
FILED

COVER LETTER

14 APR 15 PM 12:53

TO: Registration Section  
Division of Corporations

SUBJECT: JAMES WINTERS CONTRACTING, 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:

JAMES WINTERS

Name of Person

Firm/Company

5106 WITHERS HILL Rd

Address

TALL FL 32312

City/State and Zip Code

B badhand 42@Gmail.com

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

For further information concerning this matter, please call:

JAMES WINTERS

Name of Person

at ( 930 )

Area Code

933-2697

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

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AND  
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

16 APR 15 PM 12:53

ARTICLE I - Name:

The name of the Limited Liability Company is:

JAMES WINTERS CONTRACTING, 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:

5106 WITHERS HILL RD  
TALL FL 32312

Mailing Address:

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:

JAMES WINTERS

Name

5106 WITHERS HILL RD

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

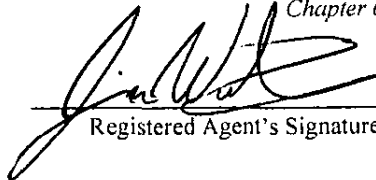
TALL

City

FL 32312

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.*



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

AMBR

**Name and Address:**

JAMES WINTERS  
6106 Withers Mill Rd  
TALL FL 32312

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AND  
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STATE  
FLA

(Use attachment if necessary)

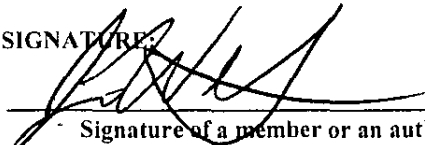
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

JAMES WINTERS

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)