

L14000078832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP



WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

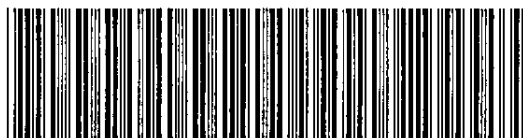
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

MAY 15 2014

A. LUNT

Office Use Only



500260053195

05/15/14--01011--003 \*\*125.00

APPROVED  
7/10  
FILED

14 MAY 15 AM 9:59

SECRETARY OF THE  
TREASURY

RECEIVED

14 MAY 15 AM 9:47

DEPARTMENT OF COMMERCE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Capital City Construction Service's 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:

Tim Crawford

Name of Person

Capital City Construction Service's LLC

Firm/Company

1836 Crowder Rd

Address

Tall FL 32303

City/State and Zip Code

Crawfordlyetc@yahoo.com

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

For further information concerning this matter, please call:

Tim Crawford

Name of Person

at ( 850 )

Area Code

688-5742

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

14 MAY 15 AM 10:00

APPROVED  
FBI

APPROVED  
AND  
FILED  
14 MAY 15 AM 10:00  
FBI - MEMPHIS

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

The mailing address and street address of the principal office of the Limited Liability Company is:

**Mailing Address:**

1836 Crowder Rd  
Tall Fl 3230.3

(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.)

Mr Crawford Name

1836 Crowder Rd Tall 32303  
Florida street address (P.O. Box NOT acceptable)

City \_\_\_\_\_ FL \_\_\_\_\_ 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..*

Yuri Crawford

Registered Agent's Signature (REQUIRED)

Page 1 of 2

**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:**

Tim Crawford  
1834 Crowder Rd  
Ball FL 32302

14 MAY 15 AM 10:00

APPROVED  
FILED

(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:**

Tim Crawford

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.)

Tim Crawford

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)