

#L14000089854

(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:

~~Wait 29884~~ NOT Avail

Office Use Only



900259799169

05/05/14--01011--020 **160.00

FILED
2814 MAY 28 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN - 4 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2014

JIMMIE D EADS
6190 HOPE HILL RD.
BROOKSVILLE, FL 34601

SUBJECT: STOKER ENTERPRISES LLC
Ref. Number: W14000029884

We have received your document for STOKER ENTERPRISES 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 L11000078140 "STOKER ENTERPRISES, LLC".

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: 714A00010122

Memorandum

To: Florida Department of State – Division of Corporations

From: Jimmie D. Eads

Date: 5/21/2014

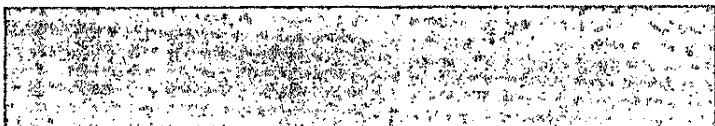
Re: Reference # W14000029884 - Stoker Enterprises LLC

To whom it may concern,

I have re-thought my business name and I am enclosing the paperwork for the new business name under Stoker Construction LLC. I have verified on the sunbiz.org site that this name is not currently in use nor has it ever been in use.

I am hopeful this will address the name issue. If you have any questions or concerns, please feel free to contact me at 813-927-5586.

Thank you



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Stroker 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:

Jimmie D. Eads

Name of Person

Stroker Construction LLC

Firm/Company

6190 Hope Hill Road

Address

Brooksville, FL 34601

City/State and Zip Code

ssc4570@gmail.com

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

For further information concerning this matter, please call:

Jimmie Eads

Name of Person

at (813) 927-5586

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Stroker 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:

6190 Hope Hill Road
Brooksville, FL 34601

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:

Jimmie D. Eads

Name

6190 Hope Hill Road

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

Brooksville

City

FL 34601

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)

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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

Owner

Name and Address:

Jimmie D. Eads

6190 Hope Hill Road

Brooksville, FL 34601

(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.)

Jimmie D. Eads

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)