

L14000107133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

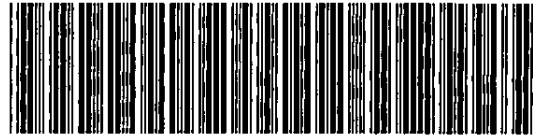
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-39388

Office Use Only



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06/24/14--01011--019 **160.00

RECEIVED
JUL 24 2014
JUL 24 2014

2014 JUL -7 PM 1:33

FILED

JUL 08 2014
D. BRUCE

EFFECTIVE DATE 07/01/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2014

MARY CLARK
4137 PLANT AVENUE
PACE, FL 32571

SUBJECT: ATLAS BUILDERS GROUP, LLC
Ref. Number: W14000039388

We have received your document for ATLAS BUILDERS GROUP, 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 P10000054889.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 914A00013697

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Atlas Builders Group, 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:

Mary Clark
Name of Person

Atlas Builders Group, LLC
Firm/Company

4137 Plant Avenue
Address

Pace, FL 32571
City/State and Zip Code

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

For further information concerning this matter, please call:

Mary Clark at (850) 910-3678
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input checked="" type="checkbox"/> \$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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TALLAHASSEE, FL
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MC
Atlas Builders Group, LLC of NWFL, 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:

4137 Plant Avenue
Pace, FL 32571

Mailing Address:

4137 Plant Avenue
Pace, FL 32571

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 another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Mary Clark
Name
4137 Plant Avenue
Florida street address (P.O. Box NOT acceptable)
Pace FL 32571
City Zip

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CLERK OF DISTRICT COURT
HARRIS COUNTY, TEXAS

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.

Mary Clark
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 07/01/14

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

MGR

Name and Address:

Chadwyck Clark

4137 Plant Avenue

Pace, FL 32571

Mary Clark

4137 Plant Avenue

Pace, FL 32571

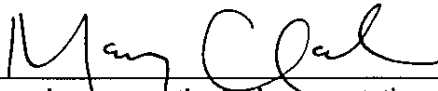
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07/01/2014 (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:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (N) (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.)

Mary Clark

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)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA