

L14 000 119468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 JUL 24 AM 9:59
CLERK OF SUPERIOR COURT
ALABAMA

JUL 30 2014

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BUILD TECH FRAME & FINISH 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:

SHANNON M CAMERON

Name of Person

BUILD TECH FRAME & FINISH LLC

Firm/Company

5128 BERNADETTE DRIVE

Address

ZEPHYRHILLS, FLORIDA 33541

City/State and Zip Code

BUILDTECHFLORIDA@GMAIL.COM

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

For further information concerning this matter, please call:

SHANNON M CAMERON at (813) 810-1457
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BUILD TECH FRAME & FINISH 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:

5128 BERNADETTE DR
ZEPHYRHILLS, FL 33541

5128 BERNADETTE DR
ZEPHYRHILLS, FL 33541

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.)

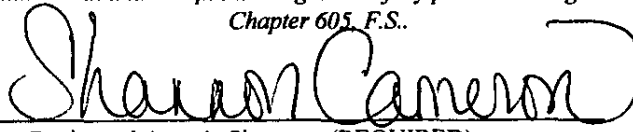
The name and the Florida street address of the registered agent are:

SHANNON M. CAMERON
Name

5128 BERNADETTE DR
Florida street address (P.O. Box NOT acceptable)

ZEPHYRHILLS FL 33541
City 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)

2014 JUL 24 AM 9:59
FLORIDA SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32399

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:

SHANNON M CAMERON

5128 BERNADETTE DR

ZEPHRYHILLS, FL 33541

AMBR

KEVIN F KEARNEY

9124 SACRAMENTO DR

NEW PORT RICHEY, FL 34655

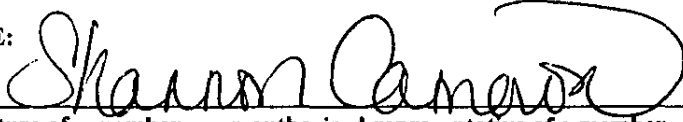
(Use attachment if necessary)

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.)

SHANNON M CAMERON

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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DEPT. OF STATE
FILING SECTION