

L14000125162

(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:

~~214-31688~~

~~Date + Not Avail~~

Office Use Only



700259954767

05/08/14--01010--013 **125.00

Effective Date

7/22/14

FILED
14 JUL 28 PM 12:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUG 11 2014

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Complete Foundation Systems 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:

Gerald Fleetwood
Name of Person

Complete Foundation Systems LLC
Firm/Company

14387 Montevista Road
Address

Groveland, Florida 34736
City/State and Zip Code

work1988@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerald Fleetwood at (352) 557-1310
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" 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 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2014

GERALD FLEETWOOD
14387 MONTEVISTA RD.
GROVELAND, FL 34736

SUBJECT: COMPLETE FOUNDATION SYSTEMS LLC
Ref. Number: W14000031688

We have received your document for COMPLETE FOUNDATION SYSTEMS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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: 514A00016143



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2014

GERALD FLEETWOOD
14387 MONTEVISTA RD.
GROVELAND, FL 34736

SUBJECT: COMPLETE FOUNDATION SYSTEMS LLC
Ref. Number: W14000031688

We have received your document for COMPLETE FOUNDATION SYSTEMS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on May 8, 2014. Please amend your document accordingly.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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: 114A00014431



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2014

GERALD FLEETWOOD
14387 MONTEVISTA RD.
GROVELAND, FL 34736

SUBJECT: COMPLETE FOUNDATION SYSTEMS LLC
Ref. Number: W14000031688

We have received your document for COMPLETE FOUNDATION SYSTEMS LLC and your check(s) totaling \$125.00. 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 appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P12000046315 "COMPLETE FOUNDATION SYSTEMS, INC.".

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on May 8, 2014. Please amend your document accordingly.

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: 814A00010870

Date: May 30, 2012

Attn: State of Florida Division of Corporations

To Whom It May Concern:

I authorize Premiere Lake Front of Central Florida LLC to Complete Foundation Systems LLC

To release
name Complete
Foundation Systems, Inc.

President

Terry Greene

Complete Foundation Systems Inc

Terry Greene

STATE OF FLORIDA

COUNTY OF Hernando

Sworn to (or affirmed) and subscribed before me this 30th day of May, 2012
by Terry Greene (name of person making statement) who is personally
known to me or produced as identification, and who did take
an oath.

Veronica Rohm

NOTARY PUBLIC

Printed Name of Notary Veronica Rohm

Commission Expires 1/9/16



VERONICA ROHM
NOTARY PUBLIC
STATE OF FLORIDA
Comm# 22158378
Expires 1/9/2016

Effective Date

7/22/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Complete Foundation Systems 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:

14387 Montevista Road
Groveland, Florida 34736

14387 Montevista Road
Groveland, Florida 34736

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:

Gerald Fleetwood

Name

14387 Montevista Road

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

Groveland

FL 34736

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)

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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

AMBR

Name and Address:

Wayne Vaughan

14387 Montevista Road

Groveland, Florida 34736

AMBR

Gerald Fleetwood

14387 Montevista Road

Groveland, Florida 34736


(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/22/14 (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.)

Gerald Fleetwood

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)

14 JUL 28 PM 12:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA