

L14000130466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 20 2014

S. YOUNG

W14—7338



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2014

EMORY COX
455 OLD CR 78
LABELLE, FL 33935

SUBJECT: C & S CONSTRUCTION LLC
Ref. Number: W14000007338

We have received your document for C & S CONSTRUCTION LLC and your check(s) totaling \$130.00. 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.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 414A00002558

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TALLAHASSEE, FLORIDA

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

C+S 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:

Emory Cox

Name of Person

C+S Construction

Firm/Company

455 Old CR 78

Address

LaBelle FL 33935

City/State and Zip Code

emorycox69@gmail.com

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

For further information concerning this matter, please call:

Emory Cox

Name of Person

at

(239) 600-2906

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

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TALLAHASSEE, FLORIDA

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455 Old CR 78, LaBelle, FL 33935

August 20, 2014

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Via Fax; 850.245.6030 9pages

To Whom it May concern,

I made application for a LLC and after not hearing back made contact with Shelia . I was informed that indeed something was mailed to me requiring me to pick another name. I never received anything in the mail regarding this. I am in the process of acquiring a more secure mail location as Im afraid my mail is being tampered with.

Please accept the following fax as my request for the name to be C & S Contracting LLC. I have changed the required forms and they are attached, payment was made with the original documentation. If you should have any questions I may be contacted at 239-600-2906

Thank you


Emory Cox
Manager
C & S Contracting LLC

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14 JAN 21 11 41 37
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TALLAHASSEE, FLORIDA

Mail to
441 1st Ave
LaBelle FL 33935

(850) 245-6051.

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT:** C+S Contracting 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:

Emony Cox

Name of Person

C+S Contracting LLC

Firm/Company

455 Old CR 78

Address

LaBelle FL 33935

City/State and Zip Code

emonycox69@gmail.com

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

For further information concerning this matter, please call:

Emony Cox

Name of Person

at: (239) 600-2906

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 AddressRegistration 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 32301SECRETARY OF STATE
TALLAHASSEE, FL 32304

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C+S Contracting 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:

455 Old CR 78
LaBelle FL 33935

Mailing Address:

455 Old CR 78
LaBelle FL 33935

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:

Emory Cox
Name

455 Old CR 78
Florida street address (P.O. Box **NOT** acceptable)

LaBelle FL 33935
City, State, and 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 608, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM**Name and Address:**Emory Cox455 Old Cr 78LaBelle FL 33935

(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.)

REQUIRED SIGNATURE:
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), 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.)

Emory Cox

Typed or printed name of signer

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)**FILED
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TALLAHASSEE, FLORIDA