

L 14000/64883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

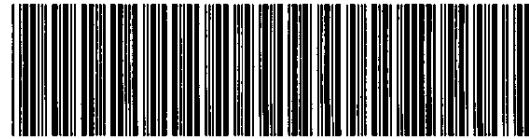
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-59931 + W14-59932

Office Use Only



400263389194

EFFECTIVE DATE
9-27-2014

FILING CANCELLED
RETURNED CHECK

400263389194
09/26/14--01031--011 **150.00

FILED
2014 SEP 26 PM 2:55
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. GALT
EXAMINER
OCT 28 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2014

**FILING CANCELLED
RETURNED CHECK**

JOHN SMITH JR
2945 DIXON AVE.
SANFORD, FL 32771

SUBJECT: NO IIMIT CONSTRUCTION OF ORANGE COUNTY FL, LLC
Ref. Number: W14000059931

We have received your document for NO IIMIT CONSTRUCTION OF ORANGE COUNTY FL, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

Would you like "IIMIT" or "LIMIT"?,

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: 814A00021027

FILING CANCELLED
RETURNED CHECK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
9-29-2014

NO Limit

~~NO LIMIT~~ CONSTRUCTION OF ORANGE COUNTY FL, 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:

2945 dixon ave

Sanford fl 32771

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:

JOHN H. SMITH JR.

Name

2945 dixon ave

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

Sanford

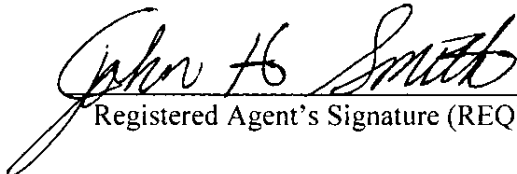
FL 32771

City

Zip

2014 SEP 26 PM 2:55
ATLANTA, FLORIDA

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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RETURNED CHECK**

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:

John H. Smith Jr

2945 dixon ave

Sanford fl 32771

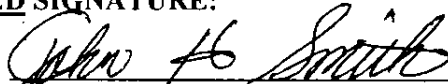
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/29/2014. (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.
to do all lawful business

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.)

John H. Smith

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)