

L14000187095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

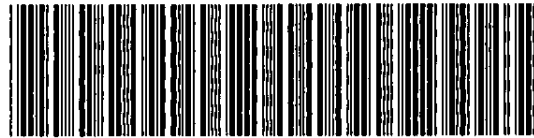
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500265736625

12/08/14--01036--013 **130.00

RECEIVED
14 DEC -8 PM 2:06
DIVISION OF CORPORATION

APPROVED
AND
FILED
14 DEC -8 PM 2:15
SECTION 10075
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 8 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Big Time 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:

Johnny L Gainer
Name of Person

Big Time Construction LLC
Firm/Company

115 Liberty St.
Address

Port St Joe FL 32456
City/State and Zip Code

Jgainer76@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Johnny L Gainer at (850) 340-1763
Name of Person 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

RECEIVED
TALLAHASSEE, FLORIDA
DEC 8 2008

14 DEC - 8 PM 2:15

APPROVED
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Big Time Construction 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:

115 Liberty St.
Port St. Joe FL 32456

115 Liberty St
Port St. Joe FL 32456

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:

Johnny L Gainer

Name

115 Liberty St

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

Port St Joe FL 32456

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..

Johnny L Gainer

Registered Agent's Signature (REQUIRED)

(CONTINUED)

RECEIVED
FLORIDA
TALLAHASSEE

14 DEC - 8 PM 2:15

APPROVED
AND
FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

MGR

AMBR

Stephen Johnson
3202 Hwy 90 Vt Fl Mexico Beach
Stephen Evans Jr. FL 32456
415 Madison St.
Port St. Joe, FL 32456
Johnny L Gainer 115 Liberty St.
Port St Joe FL

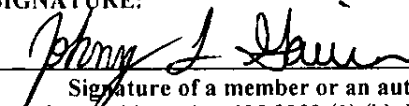
(Use attachment if necessary)

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.)

Johnny L Gainer
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)

14 DEC -8 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED