

L14000192562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

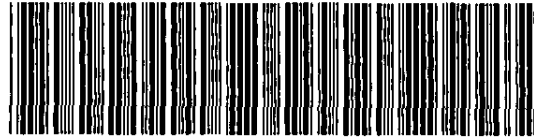
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500265730845

12/19/14--01001--002 **160.00

EFFECTIVE DATE

12/18/14

NOT ATTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2014 DEC 18 PM 1:00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DEC 18 2014
J. HARRIS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC 18 PM 1:09

APPROVED
AND
FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VERSATILE AND MASON WORKS 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:

PAULL JOSEPH REYNOLDS
Name of Person

Firm/Company

125 FoxRun Circle

Address

Crawfordsville IN 32327

City/State and Zip Code

PJR2413@gmail.com

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

For further information concerning this matter, please call:

_____ at (_____) _____
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

EFFECTIVE DATE

12/18/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VERSATILE AND MASON WORKS 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:

125 FOX RUN CIRCLE
CRAWFORDVILLE FL 32327

Mailing Address:

125 FOX RUN CIRCLE
CRAWFORDVILLE FL 32327

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:

PAUL JOSEPH REYNOLDS

Name

125 FOX RUN CIRCLE

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

CRAWFORDVILLE FL 32327

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.

Paul J. Reynolds

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

PAUL JOSEPH REYNOLDS

125 FOX RUN CIRCLE

CRAWFORDVILLE FL. 32327

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/18/14 (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:

Paul Joseph Reynolds

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.)

PAUL JOSEPH REYNOLDS

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)

RECEIVED
TALLAHASSEE, FLORIDA

14 DEC 18 PM 1:09

APPROVED
AND
FILED