

L15000019960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

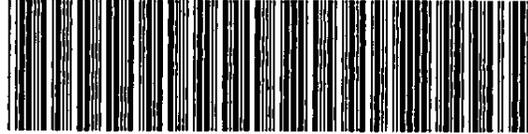
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JAN 26 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SIMONS FEB 03 2015

2544



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2015

DARREN WHITESIDE
4075 TAMIAMI TRL SUITE 5
CHARLOTTE HARBOR, FL 33952

SUBJECT: LAMBERT & O'NEILL REMODELING CONTRACTORS, LLC
Ref. Number: W15000003708

We have received your document for LAMBERT & O'NEILL REMODELING CONTRACTORS, LLC and your check(s) totaling \$160.00. 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 the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 115A00001068

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: Lambert & O'Neill Remodeling Contractors 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:

Darren Whiteside
Name of Person

Lambert & O'Neill Remodeling Contractors LLC
Firm/Company

4075 Tamiami Trl. Ste 5
Address

Charlotte Harbor, FL 33952
City/State and Zip Code

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

For further information concerning this matter, please call:

Darren Whiteside at (941) 258-3175
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lambert & O'Neill Remodeling ~~Contractors~~ 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:

4075 Tamiami Trl. Ste 5
Charlotte Harbor, FL 33952

4075 Tamiami Trl. Ste 5
Charlotte Harbor, FL 33952

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:

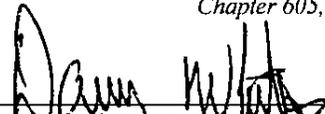
Darren Whiteside
Name

4075 Tamiami Trl. Ste 5
Florida street address (P.O. Box NOT acceptable)

Charlotte Harbor FL 33952
City Zip

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15 JAN 26 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, 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)

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:

Darren Whiteside

4075 Tamiami Trl. Ste 5

Charlotte Harbor, FL 33952

MGR

Larry Powell

4075 Tamiami Trl. Ste 5

Charlotte Harbor, FL 33952

(Use attachment if necessary)

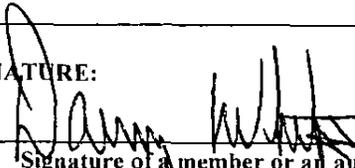
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

N/A

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.)

Darren Whiteside

Typed or printed name of signee

RECORDED
15 JAN 26 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)