

L 15000029920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

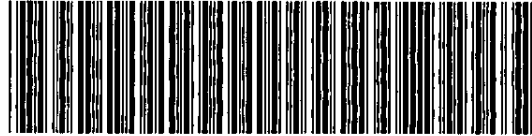
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100268961741

EFFECTIVE DATE
2-3-2015

02/09/15--01043--005 **160.00

FILED
2015 FEB -9 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
FEB 18 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sammy Wood Cable Repair 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:

Sammy Spencer Wood
Name of Person

Sammy Wood Cable Repair LLC.
Firm/Company

1523 41st Avenue Drive East
Address

Ellenton, FL 34222
City/State and Zip Code

SammyWood78@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sammy Wood at (941) 234-7302
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:

EFFECTIVE DATE
2-3-2015

Sammy Wood Cable Repair L.L.C.
(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:

1523 41st Ave Dr. East
Ellenton, FL 34222

Mailing Address:

1523 41st Ave Dr. E
Ellenton, FL 34222

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:

Sammy Spencer Wood
Name
1523 41st Ave Dr. E
Florida street address (P.O. Box NOT acceptable)
Ellenton FL 34222
City Zip

FILED
2015 FEB -9 PM 3:33
S. CLERK OF CLERK OF
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

AMBER

Name and Address:

Sammy Spencer Wood
1523 4th Ave Dr. E
Ellenton, FL 34222

FILED
2015 FEB -9 PM 3:38
STATE OF FLORIDA
TALLAHASSEE

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 02-03-2015 (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:

Sammy S. Wood

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.)

Sammy S. Wood

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)