

L5000046521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

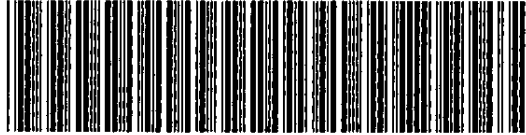
Special Instructions to Filing Officer:

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FILED
15 FEB 20 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 16 2015
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2015

TIMOTHY SULLIVAN
35145 ADA AVENUE
ZEPHYRHILLS, FL 33541

SUBJECT: SULLIVAN REMODELING AND SMALL JOBS LLC
Ref. Number: W15000014745

FILED
15 FEB 20 PM 5:05
SECRET/REGISTRATION
TALLAHASSEE, FLORIDA

We have received your document for SULLIVAN REMODELING AND SMALL JOBS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

✓ 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.

Shelia H Young
Regulatory Specialist II

Letter Number: 815A00004243

RECEIVED
15 MAR 16 AM 10:00
DIVISION OF CORPORATIONS
REGISTRATION SERVICES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sullivan Remodeling and Small jobs
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:

Timothy Sullivan
Name of Person

Sullivan Remodeling and Small jobs
Firm/Company

35145 Ada Ave.
Address

Zephyrhills, FL 33541
City/State and Zip Code

Sully Sullyremodel@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim Sullivan at (207) 512-6953
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sullivan Remodeling And Small Jobs 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:

35145 Ada Ave
Zephyrhills, FL 33541

35145 Ada Ave.
Zephyrhills FL 33541

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:

Timothy Sullivan
Name

35145 Ada Ave.

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

Zephyrhills FL 33541
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.

Timothy Sullivan
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

Name and Address:

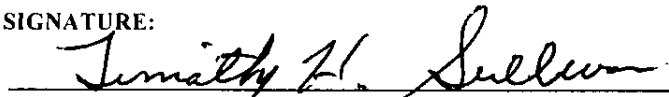
(Use attachment if necessary)

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.)

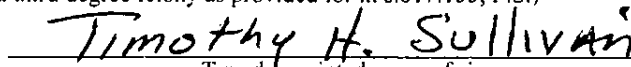
ARTICLE VI: Other provisions, if any.

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.)



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)

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TALLAHASSEE, FLORIDA

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