

L15000086538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

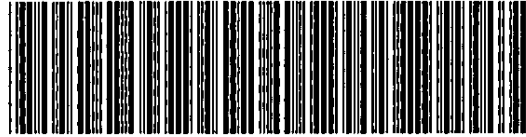
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 MAY 18 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

w15-28001  
- name not avail.  
- art. not enclosed



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 1, 2015

LEON A. ISAACS  
ISAACS PAVING LLC  
3310 PONCE DE LEON AVE.  
JACKSONVILLE, FL 32211-7

SUBJECT: ISAACS PAVING LLC  
Ref. Number: W15000028001

We have received your document for ISAACS PAVING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 515A00009060

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 MAY 18 PM 12:58

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 21, 2015

LEON A. ISAACS  
ISAACS PAVING LLC  
3310 PONCE DE LEON AVE.  
JACKSONVILLE, FL 32211-7

SUBJECT: ISAACS PAVING LLC  
Ref. Number: W15000028001

15 MAY -1 AM 10:00  
BUREAU OF CORPORATIONS  
INFORMATION SERVICES

Upon receipt of your letter and/or check(s) totaling \$130.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE FLORIDA

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Please return a copy of this letter to ensure your money is properly credited.

The name designated in your document is unavailable since it is the same as one that 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.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration Section.

Letter Number: 715A00008040

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ISAACS PAVING 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:

LEON A ISAACS

Name of Person

ISAACS PAVING LLC

Firm/Company

3310 PONCE DE LEON AVE

Address

JACKSONVILLE FL. 32217

City/State and Zip Code

ISAACS PAVING LLC @ GMAIL.COM

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

For further information concerning this matter, please call:

LEON ISAACS at (914) 888 7164

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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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Isaacs Paving Limited Liability company.  
(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:

3310 Ponce De Leon ave 3310 Ponce De Leon ave  
Jacksonville FL 32217 Jacksonville FL 32217

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:

Leon Isaacs  
Name  
3310 Ponce De Leon ave  
Florida street address (P.O. Box NOT acceptable)  
Jacksonville FL 32217  
City State 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.*

Leon Isaacs  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE FLORIDA

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**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:**

\_\_\_\_\_

AMBR

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Leon Isaacs  
3310 Ponce De Leon Ave  
Jacksonville FL 32217

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Leon Isaacs

**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.)

Leon Isaacs

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)

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TALLAHASSEE FLORIDA