

15000090072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

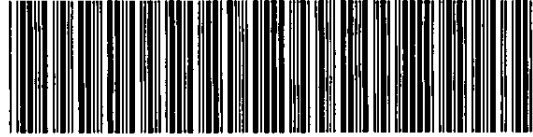
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/04/15--01037--011 **160.00

FILED
15 MAY 21 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 22 2015

J SHIVERS

2544



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2015

JEAN RETHERFORD
2408 MAGNOLIA DR
PANAMA CITY BEACH, FL 32408

SUBJECT: RETHERFORD CONSULTING, LLC
Ref. Number: W15000032377

We have received your document for RETHERFORD CONSULTING, 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: 515A00009517



Retherford Contracting, Inc.
4517 West 23rd Street
Suite A
Panama City, Florida 32405

May 19, 2015

Florida Department of State
Division of Corporations
Justin M Shivers
Regulatory Specialist II
P.O. Box 6327
Tallahassee, Florida 32314

Subject: Retherford Consulting, LLC
Reference Number: W15000032377
Letter Number: 515A00009517

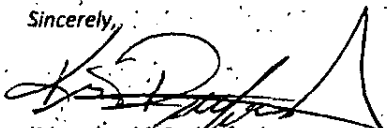
Dear Justin M Shivers:

I am writing in response to your notice issued to Jean Ann Retherford on May 7, 2015 regarding the Limited Liability Company "Retherford Contracting, LLC". I am the Sole Owner and President of Retherford Contracting, Inc. and I am writing this letter to give consent to Jean Ann Retherford and/or the Florida Department of State to allow the name "Retherford Contracting, LLC" to be utilized as her Business Name.

Please inform me if any further information is needed from me or my company.

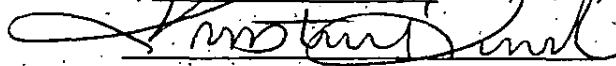
Please note that the Subject Line on your letter states "Retherford Consulting, LLC" when the name applied for is "Retherford Contracting, LLC".

Sincerely,


Kristopher M. Retherford
Retherford Contracting, Inc.

State of Florida
County of Bay

This instrument was signed before me on May 19, 2015
by Kristopher Michael Retherford who is personally known to me


Notary Kristine Quick



KRISTINE QUICK
MY COMMISSION # EE 848726
EXPIRES: November 1, 2016
Bonded Thru Budget Notary Services

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Retherford Contracting, 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:

Jean Ann Retherford

Name of Person

Retherford Contracting, LLC

Firm/Company

2408 Magnolia Drive

Address

Panama City Beach, Florida 32408

City/State and Zip Code

jeannie7997@gmail.com

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

For further information concerning this matter, please call:

Jean Ann Retherford

850

814-7997

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 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:

Retherford Contracting, 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:

Jean Ann Retherford
2408 Magnolia Drive
Panama City Beach, Florida 32408

Mailing Address:

Jean Ann Retherford
2408 Magnolia Drive
Panama City Beach, Florida 32408

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:

Jean Ann Retherford
Name

2408 Magnolia Drive
Florida street address (P.O. Box **NOT** acceptable)

<u>Panama City Beach</u>	<u>Florida</u>	<u>32408</u>
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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Jean Ann Retherford

2408 Magnolia Drive

Panama City Beach, Florida 32408

(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:



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.)

Jean Ann Retherford

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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