

L15000102277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

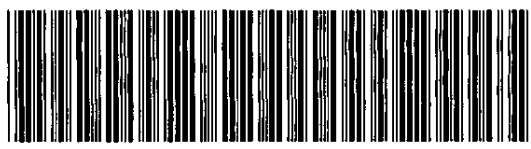
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
CORRECTION TO NAME PER
CONVERSATION WITH FRED CUDNEY
6/12/2015 KS

W15-35946 NOT AVAILABLE

Office Use Only



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05/18/15--01036--008 **125.00

FILED
2015 JUN - 8 PM 5: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
JUN 12 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2015

FRED J CUDNEY
4150 66TH ST. N, LOT 214
ST. PETERSBURG, FL 33709

SUBJECT: A/C DEPOT, LLC
Ref. Number: W15000035946

RECEIVED
15 JUN -8 PM 3: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for A/C DEPOT, 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 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.

The document number of the name conflict is L13000170487 "A-CDEPOT, LLC".

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 915A00010704

APRIL 27/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A/C Depot, 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:

Fred J. Cudney

 Name of Person

A/C Depot, LLC

 Firm/Company

4150 66th Street N Lot 214

 Address

Saint Petersburg, FL 33709

 City/State and Zip Code

fjcudney@gmail.com

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

For further information concerning this matter, please call:

Fred J. Cudney 239 560-9693
 _____ 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

APR. 27/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
2015 JUN -8 PM 5:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~A/C Depot, LLC~~ FJC A/C, 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:

4150 66th Street N Lot 214
Saint Petersburg, FL 33709

Same As Principal

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.)

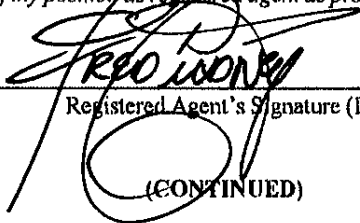
The name and the Florida street address of the registered agent are:

Fred J. Cudney
Name

4150 66th Street N. Lot 214
Florida street address (P.O. Box **NOT** acceptable)

Saint Petersburg FL 33709
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)

Apr. 27/15

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:

Fred J. Cudney
4150 66th Street N Lot 214
Saint Petersburg, FL 33709

2015 JUN - 8 PM 5:54
FILED
TALLAHASSEE, FLORIDA
SPECIAL CLERK OF STATE

(Use attachment if necessary)

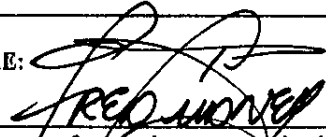
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Fred J. Cudney
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)

