

L 15000103/32

(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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06/12/15--01025--021 **51.25

04/02/15--01007--012 **78.75

FILED
15 JUN 11 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 15 2015

S. GILBERT

W15-24375

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: A1A Limousine LLC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Brett Brennan
Name (Printed or typed)

820 Tournament Rd.
Address

Ponte Vedra Beach FL 32082
City, State & Zip

904-502-7707
Daytime Telephone number

a1a limousines@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 APR 29 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 8, 2015

BUETT BVENNER
820 TOURNAMENT RD
PONTO VEDVA BEACH, FL 32082

SUBJECT: A1A LIMOUSINE LLC
Ref. Number: W15000024379

We have received your document for A1A LIMOUSINE LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

(The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.)

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) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 815A00007002

A1A Limousine Company LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A1A Limousine Company 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:

Brett Buchner

Name of Person

A1A Limousine

Firm/Company

P.O. Box 1263

Address

Ponte Vedra Beach, FL 32004-1263

City/State and Zip Code

a1alimousines@gmail.com

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

For further information concerning this matter, please call:

Brett Buchner

Name of Person

at (904) 502-7707

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:

A1A Limousine Company 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:

820 Tournament Rd.
Punta Verde Beach, FL
32082

Mailing Address:

P.O. Box 1263
Punta Verde Beach, FL
32004-1263

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:

Brett Buchner
Name

820 Tournament Rd.
Florida street address (P.O. Box NOT acceptable)
Punta Verde Beach, FL 32082
City State Zip

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SECRETARY OF STATE
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.

[Signature]
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

CEO

Name and Address:

Brett Buccina
820 Tournament Rd
Porto Vacker Beach, FL
32082

(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.)

Brett L. Buccina
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)