

LI5000106799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

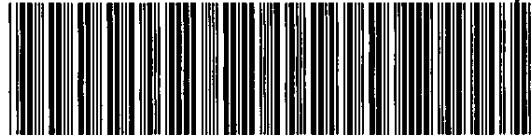
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/08/15--01017--023 **160.00

EFFECTIVE DATE 6-17-15

[Handwritten scribble]

SECRETARY OF STATE
TAMARA J. SCHROEDER
TAMARA.SCHROEDER@FLSOS.GOV

2015 JUN 19 A 8:29

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JUN 24 2015
T SCHROEDER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 JUN 19 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 11, 2015

ROBERT JEFFEREY CARTER
13825 GLEN HARWELL RD
DOVER, FL 33527

SUBJECT: AMEN MOBILE TIRE SERVICE L.L.C.
Ref. Number: W15000040730

We have received your document for AMEN MOBILE TIRE SERVICE L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on June 8, 2015. Please amend your document accordingly.

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) 245-6052.

Terri J Schroeder
Regulatory Specialist II

Letter Number: 715A00012256

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMEN MOBILE TIRE SERVICE L.L.C.
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:

Robert Jefferey CARTER
Name of Person

AMEN MOBILE TIRE SERVICE L.L.C.
Firm/Company

13825 Glen Harwell Road
Address

Dover Florida 33527
City/State and Zip Code

rchev55@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert CARTER at (813) 235-5387
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:

EFFECTIVE DATE 6-17-15

AMEN Mobile Tire Service 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:

13825 Glen Harwell Rd
Dover FL
33527

(SAME)

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:

John Carter
Name

440 Country Meadow Blvd
Florida street address (P.O. Box **NOT** acceptable)
Plant City FL 33565
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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF STATE
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

MGR

Name and Address:

Robert J Carter
13825 Glen Maxwell Rd
Dover, Florida
33527

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 17 2015 (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:

Robert Jefferey Carter

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.)

Robert Jefferey CARTER
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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2015 JUN 19 A 8:29
CLERK OF STATE
TALLAHASSEE, FLORIDA