

L15000138355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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15 AUG 17 PM 1:17
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TALLAHASSEE, FLORIDA

15 AUG 17 PM 1:11
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DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

8/17/15

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AND
FILED

COVER LETTER

15 JUN 17 PM 1:17

TO: Registration Section
Division of Corporations

SECTION 609
TALLAHASSEE, FLORIDA

SUBJECT: Deep South Construction 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:

Christopher Brian Lee
Name of Person

Deep South construction llc.
Firm/Company

155 Savannah rd
Address

Crawfordville FL 32327
City/State and Zip Code

DeepSouth0420@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Lee at (850) 370 0405
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

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

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

I. christopher Brian Lee have no
intentions of reinstating Deep South construction LLC
doc# L13000025992 and I release the name

Chris Lee

ATTACHED
FILED

15 JUN 17 PM 1:17

SECURITY
BUREAU OF THE ARMY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
AND
FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

15 AUG 17 PM 1:17

Deep South Construction LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRET
INFLUENCE
FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

155 Savannah rd
Crawfordville FL
32327

155 Savannah rd
Crawfordville FL
32327

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:

Brian Lee

Name

155 Savannah rd Crawfordville

Florida street address (P.O. Box NOT acceptable)

Crawfordville FL 32327

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..

Brian Lee

Registered Agent's Signature (REQUIRED)

(CONTINUED)

NOT RECORDED
AND
FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company 15 MAY 17 PM 4:17

Title:

"AMBR" = Authorized Member

"MGR" = Manager

mgr

Name and Address:

Brian Lee
153 Saranah rd
Crawfordville FL 32327

STATE OF FLORIDA
DEPT. 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:

Brian Lee

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Brian Lee

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)