LIS000149322

(Re	equestor's Name)	
(Ac	ldress)	
	ldress)	
(AC	·	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
· · · · · · · · · · · · · · · · · · ·	siness Entity Nar	ne)
(50	ionioso Emily (tur	,,,,,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





700276349257

08/28/15--01020--023 **125.00

15 AUG 28 PM 12: 41

FILED SECRETARY OF STATE TALLAHASSEE, FLORIBA

9/8 L

COVER LETTER

	Registration Section Division of Corporations			
CUDIEC		on Management Services, LLC		
SUBJECT:Name of Limited Liability Company				
The enclo	sed Articles of Organization and fee(s) a	e submitted for filing.		
Please retu	urn all correspondence concerning this m	ntter to the following:		
	Beverly L. Cunningham, CPA			
		Name of Person		
	Hannon & Associates			
		Firm/Company		
	2700 University Boulevard West, Suite A-2			
		Address		
	Jacksonville, FL 32217			
	beunningham@hannonepa.com	City/State and Zip Code		
		for future annual report notification)		
For further i	information concerning this matter, pleas	e call:		
	Beverly L. Cunningham	904 730-7709		
		rea Code Daytime Telephone Number		
Enclosed i	is a check for the following amount:			
\$125.00 F	-	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certificate 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 Clitton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Lockhart Construction M			
(Mus	t end with the words "Limited	d Liability Company	v, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and st	reet address of the principal o	office of the Limited	Liability Company is:	
<u>Pr</u>	incipal Office Address:		Mailing Address:	
5380 Timberlin			Timberline Drive	
Jacksonville, F	L 32277	Jack	sonville, FL 32277	
				
	in an active Etanida registratio	an a		
	th an active Florida registrationstreet address of the registered Beverly L. Cunningle	d agent are:		. "i
•	-	d agent are:		15
•	street address of the registered Beverly L. Cunningly	d agent are: nam Name	A-2	15 AUG
•	street address of the registered	d agent are: nam Name Ilevard West, Suite		15 AUG 28
	Beverly L. Cunningles 2700 University Bou	d agent are: nam Name Ilevard West, Suite		15 AUG 28 PI
•	Beverly L. Cunnings 2700 University Bou Florida street addres	d agent are: nam Name Alevard West, Suite A is (P.O. Box NOT ac	eceptable)	15 AUG 28 PH 12: 4

(CONTINUED)

Page 1 of 2

AMBR Lockhart Construction and Roofing Services, LLC 5380 Timberline Drive Jacksonville, FL 32277 MGR	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
MGR James L. Lockhart 5380 Timberline Drive Jacksonville, FL 32277 MGR Shane O. Lockhart 3330 Millcrest Drive Jacksonville, FL 32277 (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 af he date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REOUIRED SIGNATURE: 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 a varie that any false information submitted in a document to the Department of State	"MGR" = Manager AMBR	
MGR Shane O. Lockhart 3330 Millcrest Drive Jacksonville, FL 32277 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days af 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 liste 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. This decument is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am ware that any false information submitted in a document to the Department of State		
MGR Shane O. Lockhart 3330 Millcrest Drive Jacksonville, FL 32277 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing:	MGR	5380 Timberline Drive
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing:	MGR	
ARTICLE V: Effective date, if other than the date of filing:		3330 Millerest Drive
ARTICLE V: Effective date, if other than the date of filing:		
REOUIRED SIGNATURE: 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 acture that any false information submitted in a document to the Department of State.	(Use attachment if necessary)	
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 a care that any false information submitted in a document to the Department of State	he date of filing.) Note: If the date inserted in this block does no	of meet the applicable statutory filing requirements, this date will not be listed as
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 acture that any false information submitted in a document to the Department of State	ARTICLE VI: Other provisions, if any.	
constitutes a third degree felony as provided for in s.817.155, F.S.	Signature of a This document is exe I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. dlse information submitted in a document to the Department of State
James L. Lockhart Typed or printed name of signee	_	hart

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)