

L160000015773

(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

W/6000001292

JAN 28 2016

T. SCOTT



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12/28/15--01032--016 **155.00

16 JAN 32 AM 9:10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
16 JAN 22 PM 2:28
FLORIDA

January 11, 2016

PAULA CHASE
ALL YEAR DUCT CLEANING LLC
16502 DIAMOND HEAD DR
WESTON, FL 33331

SUBJECT: ALL YEAR DUCT CLEANING LLC
Ref. Number: W16000001292

We have received your document for ALL YEAR DUCT CLEANING LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Tyrone Scott
Regulatory Specialist II

Letter Number: 316A00000555

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALL YEAR DUCT CLEANING 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:

PAULA CHASE

Name of Person

ALL YEAR DUCT CLEANING LLC

Firm/Company

16502 DIAMOND HEAD DR

Address

WESTON, FL 33331

City/State and Zip Code

polycris@hotmail.com

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

For further information concerning this matter, please call:

PAULA CHASE

954

461-1096

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALL YEAR DUCT CLEANING, 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:

16502 DIAMOND HEAD DR
WESTON, FL 33331

Mailing Address:

16502 DIAMOND HEAD DR
WESTON, FL 33331

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:

PAULA CHASE

Name

16502 DIAMOND HEAD DR.

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

WESTON

FL

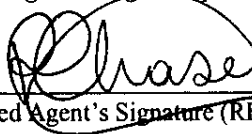
33331

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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

JEREMY CHASE

MGR

THOMAS SMITH

MGR

Name and Address:

16502 DIAMOND HEAD DR

WESTON, FL 33331

3530 WINDMILL RANCH RD

WESTON, FL 33331

(Use attachment if necessary)

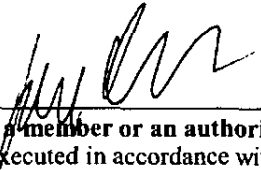
ARTICLE V: Effective date, if other than the date of filing: 12/16/2015 (OPTIONAL)

(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:



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.

JEREMY CHASE

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)