

L6000045887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

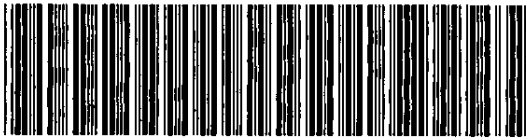
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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APPROVED
AND
FILED
16 FEB 29 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UH

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Stanley Utility Contractor, 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:

Michael Stanley

Name of Person

Stanley Utility Contractor, LLC

Firm/Company

305 Skyline Dr Ste 2

Address

Lady Lake, FL 32159

City/State and Zip Code

mstanley@stanleyutility.com

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

For further information concerning this matter, please call:

Michael Stanley

256

541-3954

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)

Ch Already Sent

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



Stanley Utility Contractor, Inc.

Stanley Utility Contractor, Inc.
305-2 Skyline Drive Suite 2
Lady Lake, Florida 32159
352-633-7624

RECEIVED
16 FEB 23 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 25, 2016

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

To Whom it may Concern,

I Michael Stanley, President and Owner of Stanley Utility Contractor, Inc., hereby grant permission to allow the registered fictitious name of Stanley Utility Contractor LLC to be used.

Enclosed please find cover letter for Stanley Utility Contractor, LLC along with Articles of Organization for Florida LLC. The \$130 Filing Fee and Certificate of Status has previously been paid and should be on file.

Thank you in advance for your cooperation in this matter and should you have any questions please feel free to contact me.

Sincerely,

Michael Stanley, President
Stanley Utility Contractor, Inc.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED
AND
FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 FEB 29 PM 1:49

Stanley Utility Contractor, LLC

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

SECRETARY OF STATE
TALLAHASSEE, 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:

305 Skyline Dr Ste 2

Lady Lake, FL 32159

305 SKYline Dr Ste 2

Lady Lake, FL 32159

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:

Michael Stanley

Name

305 Skyline Dr Ste 2

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

Lady Lake

FL

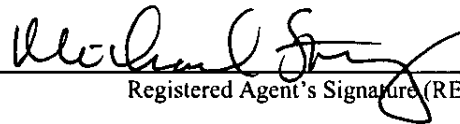
32159

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)

APPROVED
AND
FILED

ARTICLE IV-

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

16 FEB 29 PM 1:49

Title:
"AMBR" = Authorized Member
"MGR" = Manager
AMBR

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Michael Stanley
305 Skyline Dr Ste 2
Lady Lake, FL 32159

MGR

Michael Stanley Jr
305 Skyline Dr Ste 2
Lady Lake, FL 32159

(Use attachment if necessary)

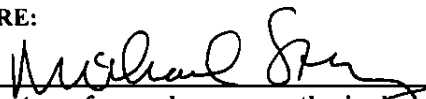
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

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.

Michael Stanley

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)