L16000087205

(Re	equestor's Name)	
(,,,,	.44.00.01 0 11	
(Ad	ldress)	
•		
(Ad	ldress)	
•	,	
(Cit	ty/State/Zip/Phone	e #)
☐ PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
:		





200285104002

04/29/16--01033--017 **125.00

16 APR 29 PH 4: 11
SECRETARY OF GLATE

1/4

. COVER LÉTTER

	egistration Section ivision of Corporations
SUBJECT	ON-TIME ALUMINUM AND MORE, LLC
SUBJECT	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	JAMES GILDER, II
	Name of Person
	ON-TIME ALUMINUM AND MORE, LLC
	Firm/Company
	5141 BONITA DRIVE
	Address
	WIMAUMA, FL 33598
	City/State and Zip Code SHYTMEABRICK@YAHOO.COM
•	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	JAMES GILDER, II 813 532-5426
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 F	lling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (additional copy is enclos



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

A	DT	ICI	T I	i 1	Na.	ma
-	R I			-	NИ	

The name of the Limited Liability Company is:

FILED

16 APR 29 PM 4: 11

ON-TIME ALUMINUM AND MORE, LLC

SECRETARY OF STATE

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Addres	<u>s</u> :
5141 BONITA DRIVE	5141 BONITA DRIVE	
WIMAUMA, FL 33598	WIMAUMA, FL 33598	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a JAMES GILDER, II	egistered Agent. You must designate an indiv	ridual or
	Name	
5141 BONITA DRIVE Florida street address (P.O. Box NOT acceptable)	
WIMAUMA, FL 33598		
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..

(CONTINUED)

Page 1 of 2

1	•
,	
	ARTICLE IV-
	The name and address of each person authorized to manage and control the Limited

	10 APR 29 PM 4: 11
Name and Address:	
	SECRETARY OF STREET
Ī	SECRETARY OF STATE ALLAHASSEF FLORIDA
JAMES GILDER, II	- TOOLL PLURIUM
5141 BONITA DRIVE	
WIMAUMA, FL 33598	
DANNY CALDWELL	
9547 RIVERVIEW DRIVE	,
RIVERVIEW, FL 33578	
ROBERT DAVIS	
6256 KRYCUL AVENUE	
RIVERVIEW, FL 33578	
DARREN MARCHETTA	
11120 US 92, EAST	

FILED Liability Company:

(Use attachment if necessary)

"AMBR" = Authorized Member

"MGR" = Manager

Title:

MGR

AMBR

AMBR

AMBR

ARTICLE V: Effective date, if other than the date of filing: (FILING DATE)	(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.)	• •

SEFFNER, FL 33584

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.	
NONE	

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.

JAMES GILDER, II

Typed or printed name of signee

Filing Fees:

S12S:00 Filling Ree for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)