

L16000114883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

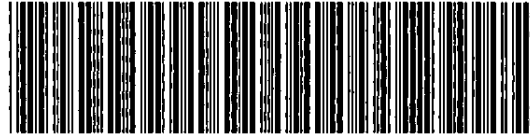
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100286032631

05/26/16--01012--014 **125.00

16 MAY 26 PM 9:00
DIVISION OF REVENUE
TREASURY DEPARTMENT
STATE OF NEW YORK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2016

TRICIA HAGE
ATLANTIC STONework CFL LLC
2028 W. WASHINGTON ST.
ORLANDO, FL 32805

SUBJECT: PAVER MEDIC LLC
Ref. Number: W16000039993

We have received your document for PAVER MEDIC LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 116A00011521

I have spoken to the
old owner of the name and
he provided me with a letter
releasing the name.

16 MAY 26 PM 9:08
DIVISION OF CORPORATIONS
STATE OF FLORIDA

RECEIVED

16 JUN 15 PM 12:52
DIVISION OF CORPORATIONS
STATE OF FLORIDA

6-9-16

Florida Dept. of State Divisions of Corporations

My name is Andres Zapata and I am contacting your dept. to let you know that I do not want to renew or reinstate my company Paver Medics Inc. located at 408 SW 20th Street Cape Coral, FL 33991 Document Number P13000056166. You can release the name for use to another entity.

If you have any questions, please contact me at the number below.

Sincerely,

Andres Zapata

239-265-3028

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paver Medic LLC
Name of Limited Liability Company

16 MAY 26 PM 9:08

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tricia Hage
Name of Person

Atlantic Stonework CFL LLC
Firm/Company

2028 W. Washington St.
Address

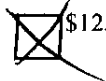
Orlando, FL 32805
City/State and Zip Code

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

For further information concerning this matter, please call:

Tricia Hage at (407) 730-2909
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:

Paver Medic 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:

2028 W. Washington St.
Orlando, FL 32808

Mailing Address:

2028 W. Washington St.
Orlando, FL 32808

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:

Troy Hage

Name

1826 Foxboro Drive

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

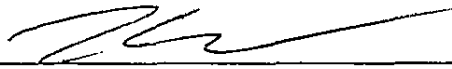
Orlando FL 32812

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

MGR

AMBR

AMBR

Name and Address:

Troy Hage
1826 Foxboro Drive
Orlando, FL 32812

Tricia Hage
1826 Foxboro Drive
Orlando, FL 32812

Joseph Brotzman
6806 Little Blue Lane
Harmony, FL 34773

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 1, 2016 (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:

Tricia M. Hage

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.

Tricia M. Hage
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)

16 MAY 26 PM 9:08
DEPT. OF STATE
CORPORATION DIVISION