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16 JUN 17 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. Meredith Kirste, P.A.

ATTORNEY AT LAW

7928 U.S. Highway 441, Suite 3
LEESBURG, FL 34788-8206

M. MEREDITH KIRSTE

TELEPHONE
(352) 326-3455

FAX
(352) 365-0055

June 15, 2016

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Articles of Organization for Aquatic Excavation & Land Services, LLC

To Whom It May Concern:

Enclosed please find a cover letter, Articles of Organization for Aquatic Excavation & Land Services, LLC, a copy of the Articles of Organization, and a check for \$155.00 made out to Florida Department of State. The check covers the Filing Fee and a certified copy. A copy of the Articles of Organization is included. I have also enclosed a self-addressed, postage paid envelope so that the certified copy can be returned to our office.

If you have any questions regarding this matter, please contact me.

Sincerely yours,



Elizabeth Mueller
Secretary to M. Meredith Kirste

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Aquatic Excavation & Land Services, 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:

Beth Mueller

Name of Person

M. Meredith Kirste, P.A.

Firm/Company

7928 U.S. Highway 441, Suite 3

Address

Leesburg, FL 34788

City/State and Zip Code

mmkirste@earthlink.net and bethmueller@earthlink.net

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

For further information concerning this matter, please call:

Beth Mueller

352

326-3455

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:

Aquatic Excavation & Land Services, 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:

Mailing Address:

2106 Sylvan Point Drive
Mount Dora, FL 32757

2106 Sylvan Point Drive
Mount Dora, FL 32757

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:

Justin Gray

Name

2106 Sylvan Point Drive

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

Mount Dora

Florida

32757

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)

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TALLAHASSEE, FLORIDA

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

Name and Address:

Justin Gray

2106 Sylvan Point Drive

Mount Dora, FL 32757

(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.

Justin Gray

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)