

L16000124145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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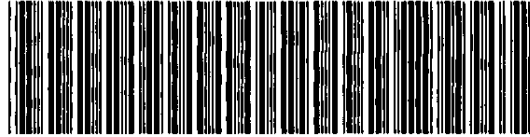
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 14 PM 12:08
CLERK OF SUPERIOR COURT
STATE OF NEW YORK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2016

JOHN CAUDILL
JOHNS GENERAL LABOR, LLC
455 BRIDGE ST
NEW SMYRNA BEACH, FL 32168

SUBJECT: JOHNS GENERAL LABOR, LLC
Ref. Number: W16000043935

RECEIVED
16 JUL -5 PM 1:10
TALLAHASSEE, FLORIDA

We have received your document for JOHNS GENERAL LABOR, 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):

Please list the complete principal office address.

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: 016A00012868

16 JUN 14 PM 12:08
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Johns General Labor, 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:

John Caudill

Name of Person

Johns General Labor, LLC

Firm/Company

455 Bridget St

Address

New Smyrna Beach, FL 32168

City/State and Zip Code

abbahomesrvcs@yahoo.com

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

For further information concerning this matter, please call:

John Caudill

386

690-1047

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

16 JUN 14 PM 12:08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Johns General Labor, 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:

John Caudill
455 Bridget Street
New Smyrna Beach, FL 32168

455 Bridget St, New Smyrna, FL 32168

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:

Johnathan D Zettle
Name

1255 Froman Ave
Florida street address (P.O. Box **NOT** acceptable)

<u>New Smyrna Beach</u>	<u>FL</u>	<u>32168</u>
City	State	Zip

16 JUN 14 PM 12:08
CLERK OF COURT
JANET L. HARRIS
CLERK OF COURT

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..

J. D. Zettle
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

MGR

Name and Address:

Timothy Spears

2622 Silver Palm Dr

Edgewater, FL 32141

Gregory W Etts

1255 Froman Ave

New Smyrna Beach, FL 32168

(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.

John Caudill

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 JUN 14 PM 12:08

FILED
JUN 14 2014
DEPT. OF STATE
TALLAHASSEE, FL