

L16000/135392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

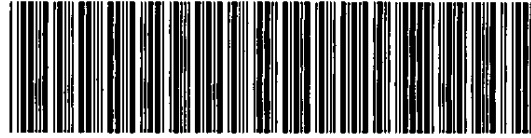
Certified Copies ☒

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only

W/16-37691



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05/13/16--01031--030 \*\*150.00

16 JUL 21 PM 12:00  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 24, 2016

STEPHANIE VAQUEZ  
P.O. BOX 974  
APOPKA, FL 32704

SUBJECT: B & Z CONTRACTING LLC  
Ref. Number: W16000037691

We have received your document for B & Z CONTRACTING LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not allow a sole proprietorship to file a conversion. A sole proprietorship is a business owned and operated by one individual. As a sole proprietor, the one individual owner is responsible for making all of the business decisions and all of the debts of the business are considered to be the debts of the one individual owner, as well. The sole proprietorship may or may not conduct business under the one individual owner's legal name. Because the business and the individual are considered as one organization and need each other to co-exist from a legal perspective, a sole proprietorship is not considered a business entity and cannot, therefore, file a conversion under Florida law.

If your sole proprietorship is actually owned and operated by two or more individuals and those individuals serve in the capacity of a partner, your business may not be a sole proprietorship. Your business may meet the definition of a partnership in accordance with Chapter 620, Florida Statutes. Chapter 620, Florida Statutes, allows a partnership to file a conversion. However, the partnership must first file a statement of registration in accordance with section 620.8105, Florida Statutes.

We are enclosing a statement of registration should your business entity meet the criteria of a partnership and you wish to proceed with the conversion. Please note the fee to register a partnership is \$50. To proceed with the conversion, please correct your conversion documents to reflect your current business entity is a partnership and resubmit the conversion documents along with the enclosed registration statement and an additional fee of \$50.

This office strongly suggests that you seek legal advice concerning this matter.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** B+Z Contracting 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:

Stephanie Varquez  
Name of Person

\_\_\_\_\_  
Firm/Company

P.O. Box 974  
Address

Apopka, FL 32704  
City/State and Zip Code

Stephanie m76@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Varquez 239, 321-0393  
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:

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

FILED  
16 JUL 21 PM 12:00

NOTARIAL PUBLIC  
JANISSE L. FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

2631 Greenacre rd  
Apopka, FL 32703

Mailing Address:

PO Box 974  
Apopka, FL 32704

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:

Stephanie Vazquez  
Name

2631 Greenacre rd  
Florida street address (P.O. Box **NOT** acceptable)

Apopka, FL 32703  
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..

Stephanie Vazquez  
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

**Name and Address:**

~~Stephanie Varquez~~

General manager

Authorized member

Stephanie Varquez  
2631 Greenacres rd  
Apopka, FL 32703

Philip Varquez  
2631 Greenacres rd  
Apopka, FL 32703

(Use attachment if necessary)

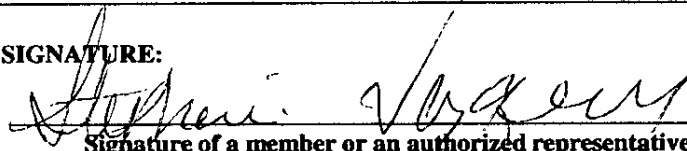
**ARTICLE V:** Effective date, if other than the date of filing: 7/18/11 (OPTIONAL)

(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.

Stephanie Varquez

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)

# Scott Randolph, Tax Collector

# Local Business Tax Receipt

Orange County, FL

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and safety authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

2015 EXPIRES 9/30/2016 1816-116772  
1816 PAINT/SOF/FAS/BSBO/CR \$15.00 2 EMPLOYEES 3103 CLEANING SERVICE \$15.00 1 EMPLOYEE



TOTAL TAX \$30.00  
PREVIOUSLY PAID \$30.00  
TOTAL DUE \$0.00

2631 GREENACRE RD (MOBILE)  
U - APOPKA, 32703

VAZQUEZ STEPHANIE J  
VAZQUEZ STEPHANIE J  
VAZQUEZ STEPHANIE J  
2631 GREENACRE RD  
APOPKA FL 32703

PAID: \$30.00 2504-02058677 5/9/2016

This receipt is official when validated by the Tax Collector.

Qualifier:

Business Tax Receipts:

City

County

Comments:

2nd employee is husband

Is this business currently using or proposing to use an individual wastewater disposal system (septic tank)? YES NO

## CERTIFICATION

I certify that the information contained herein is true and correct to the best of my knowledge and belief. If any portion is found to be false or misrepresented, such fact may be just cause for immediate revocation of any business tax receipt issued to me. It is further understood that this business tax payment is for the privilege of engaging in the business, profession or occupation shown and only at the location shown hereon. I further understand that I have no right to occupy any buildings at the location shown hereon unless I obtain a certificate of occupancy from the Building Department and such building and the surrounding property is in compliance with all applicable local, state and federal regulations. Further, I recognize that issuance of this business tax receipt is in no way a waiver of any applicable local, state or federal regulations. Failure to correct conditions on the premises that are in violation of the county code or to notify the Business Tax Department of any change will result in cancellation of said business tax receipt.

Owner / Authorized Signature *Stephanie Vazquez*

Sworn to and subscribed before me this 9 day of May 20 16

Print, Type or Stamp Commissioned Name of Notary

Signature of Notary

Make checks payable to:  
SCOTT RANDOLPH  
Tax Collector  
Orange County  
P.O. Box 2551  
Orlando, FL 32802-2551

☐ Personally Known

☐ Produced Identification

Type of Identification Produced

# Scott Randolph, Tax Collector

# Local Business Tax Receipt

Orange County, FL

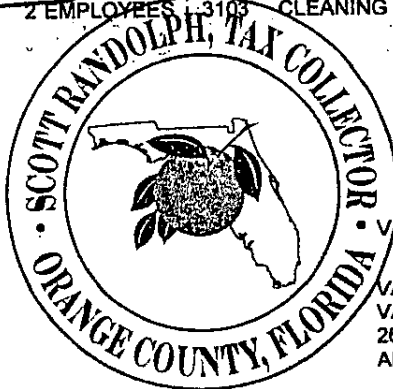
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U - APOPKA, 32703

PAID: \$30.00 2504-02058677 5/9/2016



VAZQUEZ STEPHANIE J

VAZQUEZ STEPHANIE J  
VAZQUEZ STEPHANIE J  
2631 GREENACRE RD  
APOPKA FL 32703

This receipt is official when validated by the Tax Collector.

Qualifier:

Business Tax Receipts:

City

County

Comments:

*2nd employee is husband*

Is this business currently using or proposing to use an individual wastewater disposal system (septic tank)? YES NO

Zoning Division approves this mobile business with the following restrictions: NO CUSTOMERS; NO SIGNS; NO STORAGE OF EQUIPMENT MATERIALS OR PRODUCTS; NO EMPLOYEES HOME OFFICE ONLY.

Date: 5/9/16 By: *[Signature]*  
Applicant: *[Signature]*

The right to conduct this business at the proposed location does not supersede any private deed restrictions, terms of lease, or restrictions that may prohibit such use of the property. (Circle One) It is the applicant's responsibility to ensure compliance with all such private restrictions.

## CERTIFICATION

I certify that the information contained herein is true and correct to the best of my knowledge and belief. If any portion is found to be false or misrepresented, such fact may be just cause for immediate revocation of any business tax receipt issued to me. It is further understood that this business tax payment is for the privilege of engaging in the business, profession or occupation shown and only at the location shown hereon. I further understand that I have no right to occupy any buildings at the location shown hereon unless I obtain a certificate of occupancy from the Building Department and such building and the surrounding property is in compliance with all applicable local, state and federal regulations. Further, I recognize that issuance of this business tax receipt is in no way a waiver of any applicable local, state or federal regulations. Failure to correct conditions on the premises that are in violation of the county code or to notify the Business Tax Department of any change will result in cancellation of said business tax receipt.

*[Signature]*  
Owner / Authorized Signature

Sworn to and subscribed before me this 9 day of May 2016

Print, Type or Stamp Commissioned Name of Notary

Signature of Notary

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Tax Collector  
Orange County  
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Type of Identification Produced