

L16000169664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

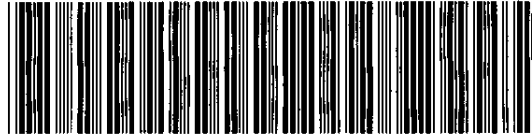
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

16 SEP 12 PM 6:55

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AND
FILED

300290000383
09/12/16--01003--011 *125.00

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NOTED
12 ACHNOVEMBER
SUFFICIENCY OF FILING

16 SEP 12 PM 2:44

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DEPARTMENT OF REVENUE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aiken's Construction 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:

Warren Aiken
Name of Person

Firm/Company

157 Woodland Dr.
Address

Crawfordville FL 32327
City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person at (_____) _____
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

I Warren Aiken would not

Like to Reinstate Doc # L1400015934,
Aiken's Construction L.L.C.

Warren Aiken

9/12/16

Warren Aiken

APPROVED
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

16 SEP 12 PM 6:56

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aiken's Construction LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

157 Woodland Dr.
Crawfordville FL
32327

Same

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:

Warren Aiken

Name

157 Woodland Dr.

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

Crawfordville FL 32327

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.

Warren Aiken LLC

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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AND
FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company

16 SEP 12 PM 6:56

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Warren Aiken
1574 Woodford Dr
Crawfordville FL 32327

SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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:

Warren Aiken LLC

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.

Warren Aiken LLC

Typed or printed name of signer

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)