

U16000184134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

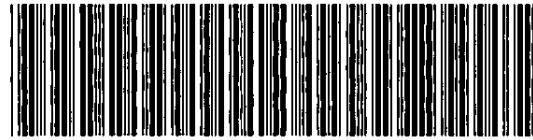
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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700289963987
12/03/15--01021--015 **155.00

15 OCT -3 AM 7:30
Filing Office
15 OCT 2015

09/27/2016

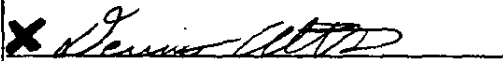
New Filing Section New Filing Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314

ATTN: JESSICA FASON

RE: W15000079730

PLEASE FIND ATTACHED REVISED LLC ARTICLES COMPLETE WITH A REGISTERED AGENT SIGNATURE. I CANNOT FIND THE REJECTION LETTER SENT TO ME PREVIOUSLY, BUT, WE CALLED AND WAS TOLD WE COULD FIX OUR REJECTED FILING THIS WAY.

THANK YOU,

A handwritten signature in black ink, appearing to read "Dennis Alton", is written over a horizontal line. To the left of the signature is a large handwritten "X".

DENNIS ALTON
532 LOCUST ST
JACKSONVILLE, FL 32254

904-235-5224
ALTON.ARS@GMAIL.COM

RECEIVED
16 OCT -3 PM 1:14
DIVISION OF CORPORATIONS
INFORMATION SERVICES

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALTON ROOFING 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:

DENNIS ALTON

Name of Person

ALTON ROOFING SERVICES LLC

Firm/Company

532 LOCUST ST

Address

JACKSONVILLE, FL 32254

City/State and Zip Code

ALTON.ARS@GMAIL.COM

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

For further information concerning this matter, please call:

DENNIS ALTON

904

235-5224

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:

ALTON ROOFING 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:

532 LOCUST RD.

JACKSONVILLE, FL 32254

Mailing Address:

532 LOCUST RD.

JACKSONVILLE, FL 32254

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:

DENNIS ALTON

Name

532 LOCUST ST

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

JACKSONVILLE

FLORIDA

32254

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)

16 OCT -3 AM 7:30
OFFICE OF THE CLERK
STATE OF 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

Name and Address:

DENNIS ALTON

532 LOCUST ST

JACKSONVILLE, FL 32254

(Use attachment if necessary)

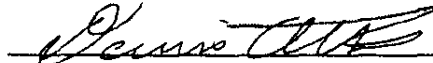
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

DENNIS ALTON

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)