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10/24/16--01011--010 \*\*125.00

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2016

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Aaron's Remodeling, 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:

Aaron Carter  
Name of Person

Aaron's Remodeling, LLC  
Firm/Company

136 Garden Lane  
Address

Freeport, FL 32439  
City/State and Zip Code

acarter2411@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron Carter      850      200-5557  
Name of Person      at (      )      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

**ARTICLE I - Name:**

**Aaron's Remodeling, LLC**

**ARTICLE II - Address:**

**Principal Office Address:**

136 Garden Lane, Freeport, FL 32439

**Mailing Address:**

136 Garden Lane, Freeport, FL 32439

Aaron Carter

Name \_\_\_\_\_

136 Garden Lane

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

Freeport, FL 32439

City

State

Zip

Avron C. Cant  
Registered Agent's Signature (REQUIRED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Aaron Carter

136 Garden Lane

Freeport, FL 32439

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10-19-16 (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.

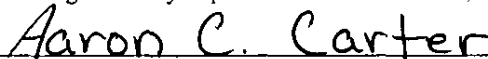
**ARTICLE VI:** Other provisions, if any.

**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.



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)