L16000199651

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SELVE GARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

	egistration Section ivision of Corporations
SUBJECT	Baker Paving of Florida, LLC
GUDGECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Robb Baker
	Name of Person
	Baker Paving
	Firm/Company
	1001 Wood Street
	Address
	Largo, Florida 33770
	City/State and Zip Code
1	rbaker@bakerpaving.com
	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	Robb Baker 727 519-6376
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
]\$125.00 Fi	ling Fee \$\ \tag{\$130.00 Filing Fee & Certificate of Status} \tag{\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \tag{\$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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2016

ROBB BAKER 1001 WOOD STREET LARGO, FL 33770

SUBJECT: BAKER PAVING OF FLORIDA, LLC

Ref. Number: W16000070991

We have received your document for BAKER PAVING OF FLORIDA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 616A00022421

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State and

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		FIL	ED
• • •		2016 OCT 3 I	PM 5- no
Baker Paving of Florida, LLC			
(Must end with the words "Limited Liability Co	TALLAHASSE	OF STATE E. FLORIÑA	
ARTICLE II - Address: The mailing address and street address of the principal office of the L	imited Liability Company is:	19	
Principal Office Address:	Mailing Addr	ess:	
1001 Wood Street Largo, FL 33770	1001 Wood Street Largo, FL	33770	
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Robb Baker		ividual or	
Name			
1001 Wood Street			
Florida street address (P.O. Box)	NOT acceptable)		
Largo, FL 33770			
City State	Zip		
Having been named as registered agent and to accept service of process place designated in this certificate, I hereby accept the appointment as rurther agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position as registered Registered Agent's	egistered agent and agree to act i proper and complete performanc	n this capacity. I e of my duties, and I	
(CONTIN	UED)		

Page 1 of 2

Title:	Name and Address:	., 0	I PM 5
"AMBR" = Authorized Member	Name and Address.	2016 OCT 3	` ' ' J
"MGR" = Manager		TALLAHASS	Y. OF STA
AMBR	Robb Baker	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EE. FLÖR
	1001 Wood Street		
	Largo, FL 33770		
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(11			
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