

L17 000095271

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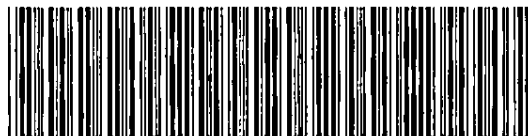
Certificates of Status _____

Special Instructions to Filing Officer:

5/11/17 off 5/10/17

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17 MAY 11 AM 8:28

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Renovations 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:

Ronald A WRYE
Name of Person

Renovations LLC
Firm/Company

8436 Rock Ridge CT
Address

Jacksonville, FL 32244
City/State and Zip Code

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

For further information concerning this matter, please call:

Ronald Wrye at (904) 646-7621
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

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FILING REJECTED IN ERROR

Examiner mistakenly read the name as RENOVATIONS, LLC.

Document Number: W17000041005
Entity Name: RONOATIONS LLC
Tracking Number: 700299142427
Pin Number: 2427

We received your online transmitted document. However, the document has not been filed for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC," "Ltd.," and "Co."

The document number of the name conflict is L05000059395.

To make the necessary corrections to your filing, return to our website at www.sunbiz.org <<http://www.sunbiz.org>> and select the filing type your wanting to correct under the 'Filing Services' menu and click on the 'File or Correct' button.

Then enter your tracking number and pin number in correction box on the right hand side of the screen. Both of these numbers are listed in the top portion of this email. Next, simply click on "update filing" to access the document you previously submitted to our office.

Please disregard this letter if you have contacted our office and were advised how to correct your document online.

If you have any questions concerning your filing please call 850-245-6052.

Catherine Wood
Regulatory Specialist II
New Filing Section

Letter Number: 170512135751-700299142427

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RENOVATIONS LLC
(Must contain 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:

Mailing Address:

8436 Rock Ridge CT ← same
Jacksonville, FL 32244

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:

BONARD A. WYSE
Name
8436 Rock Ridge CT
Florida street address (P.O. Box NOT acceptable)
Jacksonville, FL 32244
City State Zip

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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..

[Signature]
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

AMBR

Name and Address:

RONALD D. WRYE
8436 ROCKRIDGE DR
JACKSONVILLE, FL 32244

(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:

R. Wrye
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.

RONALD D. WRYE
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)

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CLERK OF THE COURT
JACKSONVILLE, FLORIDA