

L17000097772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

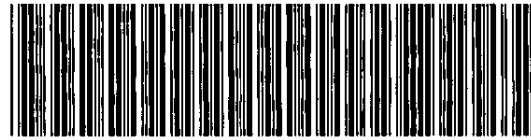
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700298526997

05/01/17--01022--001 **125.00

FILED
SEC. OF STATE
MAY 1 2017
17 MAY -1 PM 5:21

M. MOON

MAY 01 2017

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AFG PROJECT CAPITAL, 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:

SIDNEY PHILLIPS

Name of Person

C/O AFG CAPITAL

Firm/Company

7192 SUMMER STREET

Address

EMBLEWOOD, FL 34224-8740

City/State and Zip Code

AFENETTY2@ATT.NET

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

For further information concerning this matter, please call:

SIDNEY PHILLIPS at (941) 474-7086

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

17 APR - 1 PM 5:21
STATE
TALLAHASSEE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AFG PROTECT CAPITAL, 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:

2828 SO. MCALL ROAD #5
ENGLWOOD, FL 342247192 SUMMER ST
ENGLWOOD, FL 34224

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:

INCORP SERVICES, INC.
Name17888 67 COURT ROUTH
Florida street address (P.O. Box ~~NOT~~ acceptable)LOXAHATCHEE, FL 33470
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)

JOSIE A. SORSENSEN on behalf
of INCORP SERVICES, INC.RECEIVED
FLORIDA STATE
TALLAHASSEE, FL
17 MAY -1 PM 5:21

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

AMBR

MGR

Name and Address:

GLORIA PHILLIPS
7192 SUMMER STREET
ENGLWOOD, FL 34224

EDICMA LAMONT
7192 SUMMER ST
ENGLWOOD, FL

SIDNEY PHILLIPS
7192 SUMMER ST
ENGLWOOD, FL 34224

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: APRIL 5, 2017 (OPTIONAL)

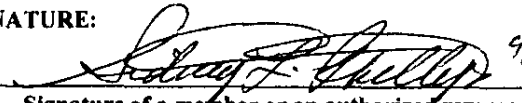
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

SIDNEY PHILLIPS IS THE AUTHORIZED MEMBER
TO MANAGE ALL EVENTS AND MAKE ALL DECISIONS,
THE AUTHORIZED REPRESENTATIVE OF THE LLC

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.

SIDNEY L. PHILLIPS
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)

SEC
17 MAY -1 PM 5:21