

L17000104700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

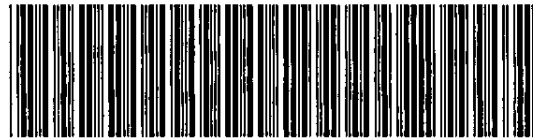
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 MAY 11 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

u. 5/12/17

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: All Native Construction, LLC**

The enclosed Articles of Organization and fee (s) are submitted for filing.

**Please return all correspondence concerning this matter to the following:**

All Native Construction, LLC  
PO Box 1872  
Fort Myers, FL 33902

For further information concerning this matter, please call:

**Amanda Boots  
(239) 560-3310**

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certification of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
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**Mailing Address**  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration 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:

**All Native Construction, LLC**

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company:

**Principle Office Address:**

1620 St. Clair Ave E  
North Fort Myers, FL 33903

**Mailing Address:**

PO Box 1872  
Fort Myers, FL 33902

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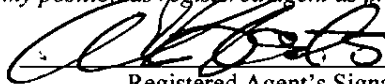
**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

(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:

Amanda Boots  
1620 St. Clair Ave E  
North Fort Myers, FL 33903

*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)

**ARTICLE IV –**

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

**Title:**

“AMBR” = Authorized Member

“MGR” = Manager

**Name and Address:**

MGR

Amanda Boots  
PO Box 1872  
Fort Myers, FL 33902

MGR

Arleen Berti  
PO Box 1872  
Fort Myers, FL 33902

AMBR

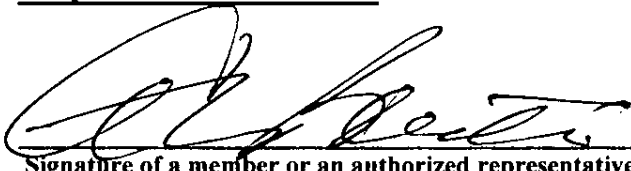
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

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

N/A

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

ARLEEN BERTI  
Typed or printed name of signee