117000138198

(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



600296094706

800296094706 06/28/17--01001--607 **160.00

17 JUH 27 PH 4: 32

17 JUN 27 四中山



COVER LETTER

Division of Corporations
SUBJECT: David C Bell Masonry LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
David C Bell
Name of Person
Firm/Company
227 RIVEN Oaks Ct. Address
Address
Quincy, FL 32352
Quincy FL 32352 City/State and Zip Code bldh/10cends argmail. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Day d Bell at (950) 766-6286. Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Status S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	ľŀ	()	1	F.	1 -	N:	11	ne	

The name of the Limited Liability Company is:

David C Bell Mascnry LLC
(Must contain the words "Limited Liability Company, "L.L.C." or "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
227 River Oaks Ct.	Same
Quincy, Florida	
32352	

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:

Name

227 River Oak Ct.

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

Quincy FL 32352
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. Thereby accept the appointment as registered agent and agree to act in this capacity. I jurther 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)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	David Bell
	Quincy, EL. 32352
(Use attachment if necessary)	
an effective date is listed, the date must be sp	of filing:
an effective date is listed, the date must be speciate of filing.) ote: If the date inserted in this block does not r	ecific and cannot be more than five business days prior to or 90 days aft neet the applicable statutory filing requirements, this date will not be listed
an effective date is listed, the date must be speciate of filing.) te: It the date inserted in this block does not recomment's effective date on the Department.	ecific and cannot be more than five business days prior to or 90 days aft neet the applicable statutory filing requirements, this date will not be listed
an effective date is listed, the date must be sp date of filing.) hte: If the date inserted in this block does not r document's effective date on the Department	ecific and cannot be more than five business days prior to or 90 days aft neet the applicable statutory filing requirements, this date will not be listed of State's records.
an effective date is listed, the date must be sp date of filing.) ote: If the date inserted in this block does not redocument's effective date on the Department TICLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a me	ecific and cannot be more than five business days prior to or 90 days aft neet the applicable statutory filing requirements, this date will not be listed of State's records.
an effective date is listed, the date must be sp date of filing.) ote: If the date inserted in this block does not redocument's effective date on the Department effective date effective effecti	ecific and cannot be more than five business days prior to or 90 days afteneet the applicable statutory filing requirements, this date will not be listed of State's records. And all Lanfull business.
an effective date is listed, the date must be speciate of filing.) ote: If the date inserted in this block does not recomment's effective date on the Department effective date effective effective effective date effective	meet the applicable statutory filing requirements, this date will not be listed of State's records. Applicable statutory filing requirements, this date will not be listed of State's records. Applicable statutory filing requirements, this date will not be listed of State's records. Applicable statutory filing requirements, this date will not be listed of State of Stat

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)