

L17000140091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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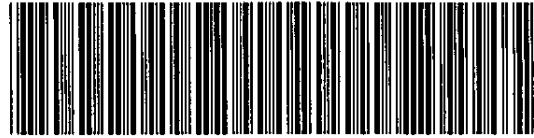
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/28/16--01011--001 **25.00

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6-54-16
98459

FILED
17 JUN 28 AM 10:15
NOTARY OF STATE
ALABAMA, FLORIDA

T. BURCH
JUN 29 2017

COVER LETTER

TO: Registration Section
Division of Corporations

A.L.L. LLC

SUBJECT: _____
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Adrian Lansiquot

Name of Person

A.L.L. LLC

Firm/Company

5378 Dunsmuir Rd

Address

North Port Florida 34288

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Adrian Lansiquot

1791 Ruiz Street
North Port, Florida 34286
941-586-3540
alansiquot@hotmail.com

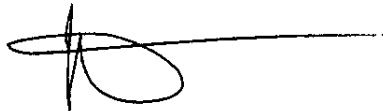
Mr. Tim Burch,
SunBiz.Org
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RECEIVED
17 JUN 28 PM 4:27
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Please see attached application of the filing of Articles of Organization for Caribbean Air Conditioning, LLC. This name is to replace A.L.L., LLC which was rejected. In June 2016 I sent in checks for an amount of \$125.00 Ref #W16000065488 for the reinstatement of A.L.L, LLC this name is also referenced in the original Document W16000043787. I am submitting documents to register Caribbean Air Conditioning, LLC in place of A.L.L, LLC.

If you have any questions, please do not hesitate to contact Adrian Lansiquot. I thank you for a speedy process.

Sincerely,



Adrian Lansiquot
941-586-3540
alansiquot@hotmail.com



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2016

ADRIAN LANSIGUOT
5378 DUNSMUIE RD
NORTH PORT, FL 34288

SUBJECT: A.L.L., LLC
Ref. Number: W16000065488

We have received your document for A.L.L., LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return 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.

Tim Burch
Regulatory Specialist III

Letter Number: 016A00020402

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Caribbean Air Conditioning, 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:

1791 Ruiz Street

North Port FL 34286

Mailing Address:

1791 Ruiz Street

North Port FL 34286

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:

Cecile Lansiquot

Name

1791 Ruiz Street

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

North Port

FL

34286

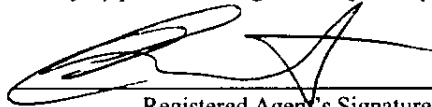
City

State

Zip

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17 JUN 28 AM 10:15
CLERK OF STATE
AT TAMPA, FLORIDA

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)

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

Name and Address:

Adrian Lansiquot
1791 Ruiz Street
North Port FL 34286

Cecile Lansiquot
1791 Ruiz Street
North Port FL 34286

AMBR

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 23, 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.

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.

Cecile Lansiquot

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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17 JUN 28 AM 10:15