

L18 000 047 511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

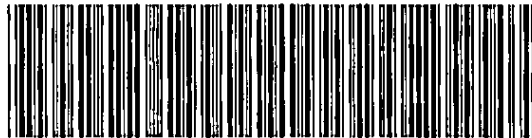
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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18 FEB 14 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE
FEB 23 2018

W18-11944



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2018

WILLIAM BENNETT
SOUTH SHORE REPAIRS LLC
3819 CARDENAL AVE
SUN CITY CENTER, FL 33573

SUBJECT: SOUTH SHORE REPAIRS LLC
Ref. Number: W18000011944

We have received your document for SOUTH SHORE REPAIRS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article I of your application. A name must be provided.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 918A00002492

RECEIVED
FEB 14 2018

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: South Shore Repairs 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:

William Bennett
Name of Person

South Shore Repairs LLC.
Firm/Company

3819 CARDENAL AVE
Address

Sun City Center FL. 33573
City/State and Zip Code

billyboy_1234@MSN.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

W Bennett at (612) 616 9845
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

South Shore Repairs 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:

3819 CARDENAL AVE.
SUN CITY CENTER
FL 33573

Mailing Address:

3819 CARDENAL AVE.
SUN CITY CENTER
FL 33573

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:

William Bennett
Name

3819 CARDENAL AVE
Florida street address (P.O. Box ~~NOT~~ acceptable)

SUN CITY CENTER FL 33573
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.

William F Bennett
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

William Bennett
3819 CARDINAL AVE
SUN CITY CENTER, FL 33573

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 02/01/2018 (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:

William F Bennett Jr

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.

William F. BENNETT JR

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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