

L18000 102431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

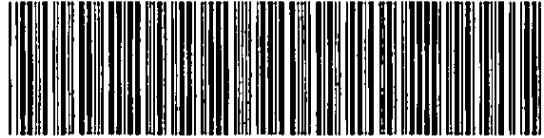
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/02/18--01032--023 **160.00

FILED
18 APR 23 AM 7:32
TALLAHASSEE, FL



W18-32602

D O'KEEFE

APR 27 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2018

STEPHEN D. AMOS
3746 CRYSTAL BEACH RD.
WINTER HAVEN, FL 33880

SUBJECT: D & S INVESTMENTS LLC
Ref. Number: W18000032602

18 APR 23 AM 7:32
TALLAHASSEE, FL 32301

We have received your document for D & S INVESTMENTS LLC and your check(s) totaling \$160.00. 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.

The document number of the name conflict is L03000007168.

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: 618A00006926

*D & S INVESTMENTS OF
PINK COUNTY FL. LLC*

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: D & S Investments of Polk County Florida 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:

Stephen D. Amos

Name of Person

Stephen Douglas Construction LLC

Firm/Company

3746 Crystal Beach Rd.

Address

Winter Haven, Florida 33880

City/State and Zip Code

samos24717@aol.com

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

For further information concerning this matter, please call:

Stephen D. Amos

863

412-3395

at (_____) _____

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:

D & S Investments of Polk County Florida 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:

1301 Grasslands Blvd

Bldg 100

Lakeland, Florida 33803

Mailing Address:

1301 Grasslands Blvd

Bldg 100

Lakeland, Florida 33803

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:

Stephen D. Amos

Name

3746 Crystal beach Rd

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

Winter Haven

Florida

33880

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)

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18 APR 23 AM 7:33
TALLAHASSEE, FLORIDA

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:

David C. Stewart

5823 Coveview Dr. E

Lakeland, Florida 33813

AMBR

Stephen D. Amos

3746 Crystal Beach Rd.

Winter Haven, Florida 33880

AMBR

Donna J. Stewart

5823 Coveview Dr. E

Lakeland, Florida 33813

AMBR

Sharon L. Sutherland-Amos

3746 Crystal Beach Rd

Winter Haven, Florida 33880

(Use attachment if necessary)

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.)

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.

MGR David C. Stewart owns 25% shares of the company, AMBR Stephen D. Amos owns 25% shares of the company.

AMBR Donna J. Stewart owns 25% shares of the company.

AMBR Sharon L. Sutherland-Amos owns 25% shares of the company

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.

Stephen D. Amos

Typed or printed name of signer

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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