

L18000202279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

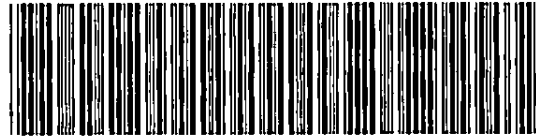
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/07/18--01006--007 **160.00

FILED

AUG 23 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. PAGE

AUG 24 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2018

GARY S MECHLER
PO BOX 5136
SPRING HILL, FL 34611

SUBJECT: GARMAC SALES, LLC
Ref. Number: W18000071839

We have received your document for GARMAC SALES, 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):

Florida law requires the principal office address to be a street address.

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.

Keyna E Page
Regulatory Specialist II

Letter Number: 118A00016296



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2018

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Keyna E Page
Regulatory Specialist II

Letter Number: 118A00016296

RF
2018 AUG 20 PM 4:27
RECEIVED

COVER LETTER

August 1, 2018

To: New Filing Section

Division of Corporations

Subject: New Business Registration of Garmac Sales, LLC.

Dear Sir or Madam:

The enclosed Articles of Organization and check # 610 dated August 1, 2018 for \$160.00 to cover the filing fee, a certified copy and a certificate of status.

Please return all correspondence concerning this matter to:

Gary S. Mechler

Garmac Sales, LLC.

PO Box 5136

Spring Hill, FL 34611

For further information concerning this matter, please call:

Gary S. Mechler at 352-247-0526.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary S. Mechler", written in a cursive style.

Gary S. Mechler

COVER LETTER

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

SUBJECT: Garmac Sales, L.L.C.
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:

Gary S Mechler
Name of Person

Garmac Sales, L.L.C.
Firm/Company

P O Box 5136
Address

Spring Hill FL 34611
City/State and Zip Code

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

For further information concerning this matter, please call:

Gary S Mechler 352 247-0526
Name of Person at () 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:

Garmac Sales, 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:

9525 Montebello Lane
Spring Hill FL 34608

Mailing Address:

9525 Montebello Lane
Spring Hill FL 34608

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:

Gary S Mechler

Name

9525 Montebello Lane

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


Spring Hill FL 34608

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)

INFORMATION

ARTICLE III

2018 AUG 23 PM 12:39

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 AUG 23 PM 12:59

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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

MGR

Name and Address:

Gary S Mechler

9525 Montebello Lane

Spring Hill FL 34608

AMBR

Sharon L Mechler

9525 Montebello Lane

Spring Hill FL 34608

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 1, 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.)

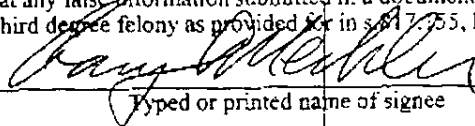
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

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. 817.55, F.S.



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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA