

L190000081485

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(Business Entity Name)

(Document Number)

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2019 MAR 28 PM 2:31

19 MAR 28 PM 2:31

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

SUBJECT:

Statewide Building

Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Perry Simmons
Name of Person

Name of Person

4830 NW 16th Ct

LAUDERHILL FL

Address

City/State and Zip Code

eagleisland7@yahoo.com

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

Perry Simmons at (954) 793-1736
Name of Person Area Code Daytime Telephone Number

Name of Person

Area Code

[Daytime Telephone Number]

☐ \$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)

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

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:

Statewide Building 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:

Mailing Address:

13800 PANAMA CITY PKWY
STE 106-D
PANAMA CITY BEACH FL 32407

SAME

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:

PERRY SIMMONS
Name
4830 NW 16th Ct
Florida street address (P.O. Box **NOT** acceptable)
Lauderhill FL 33313
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.

Perry Simmons
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2013 MAY 28 11:21:12

CLERK OF CIRCUIT COURT

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Perry Simmons

4830 NW 16th Ct

Lauderhill FL 33313

(Use attachment if necessary)

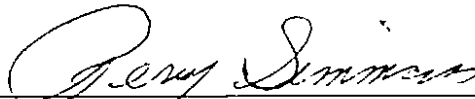
ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL.)

(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.

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.

Perry Simmons

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)