

201
L19000167-137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

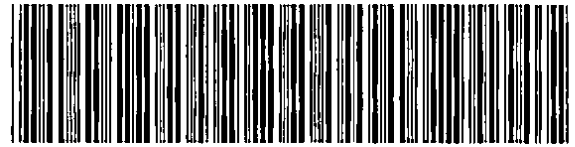
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

J DENNIS

JUL 10 2019



600331133296

06/26/19--01005--022 **160.00

FILING CANCELLED
DUE TO RETURNED CHECK

19 JUN 26 AM 8:59

COVER LETTER

TO: New Filing Section
Division of Corporations

7/15/14
19 JUN 26 AM 8:59

SUBJECT: AK Garage Doors
Name of Limited Liability Company

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

**FILING CANCELLED
DUE TO RETURNED CHECK**

Please return all correspondence concerning this matter to the following:

Ashley Herring
Name of Person

AK Garage Doors
Firm/Company

2384 NE 55th PL
Address

Orlando FL 32819
City/State and Zip Code

Ashbry0225@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Herring (352) 817-0191
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:

AK Garage Doors LLC
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

19 JUN 26 AM 8:59

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2384 NE 55th PL
Ocala FL 34479

Mailing Address:

2384 NE 55th PL
Ocala FL 34479

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:

**FILING CANCELLED
DUE TO RETURNED CHECK**

Ashley Herring
Name
2384 NE 55th PL
Florida street address (P.O. Box **NOT** acceptable)
Ocala FL 34479
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.

Ashley Herring
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**FILING CANCELLED
DUE TO RETURNED CHECK**

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"

"MGR"

Name and Address:

JUN 26 AM 8:59

Ashley Herring
2304 NE 53rd St
Orlando FL 32817

Kenneth Forbes
9341 NE 14th Trl
Orlando FL 32817

(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:

Ashley Herring

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.

Ashley Herring

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)

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

"MGR"

Name and Address:

JUN 26 AM 8:59

Ashley Herring
2324 NE 55th Pl
Orlando FL 32819

Kenneth Forbes
9341 NE 16th Terr
Armonia FL 32017

(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:

Ashley Herring

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.

Ashley Herring

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)