

L200 0010 7920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

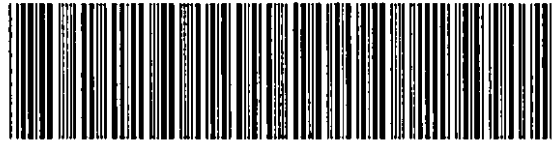
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300339550293

01/24/20--01030--007 **125.01

4/9/20 F

20 APR -2 PM 5:17

WZ0000016505

BY O'KEEFE

APR 12 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2020

RICHARD EVERLY
6637 CHUMUCKLA HWY
MILTON, FL 32570 US

SUBJECT: RICHARD EVERLY REMODELING AND MOBILE HOME REPAIR,
LLC
Ref. Number: W20000016505

We have received your document for RICHARD EVERLY REMODELING AND MOBILE HOME REPAIR, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Carlos E Rico
Regulatory Specialist II

Letter Number: 420A00003510

20 APR -9 PM 5:17

2020 APR -9 AM 10:34

COVER LETTER

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

SUBJECT: Richard Everly Remodeling and Mobile Home Repair, 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:

Richard Everly

Name of Person

Richard Everly Remodeling and Mobile Home Repair, LLC

Firm/Company

Address

City/State and Zip Code

tabacue@yahoo.com

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

For further information concerning this matter, please call:

Richard Everly 850 426-5717
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Richard Everly Remodeling and Mobile Home Repair, 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:

~~6637 Chumuckla Highway, Milton, FL 32570~~
3343 Gene Fleming Rd
Milton, FL 32570

~~6637 Chumuckla Highway~~ 3343 Gene Fleming Rd
Milton, FL 32570

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:

Richard Everly

Name

~~6637 Chumuckla Highway~~

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

Milton

FL

32570

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.

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

20 APR - 9 PM 5:17

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Owner

Manager RLE
18

Name and Address:

Richard K. Everly
6637 Chumuckla Highway
Milton, FL 32570

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/15/20. (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:

Richard K. Everly

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.

Richard K. Everly, Owner

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)