

L20000 336050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

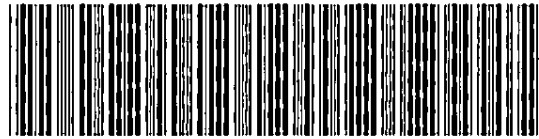
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2020 NOV -2 PM 5:48
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ABLE 4 Construction 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:

Michael C. Lane
Name of Person

ABLE 4 Construction LLC
Firm/Company

267 Sam Smith circle
Address

Crawfordville, FL. 32327
City/State and Zip Code

Lanem3492@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Westberry at (850) 756-5373
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

TICLE I - Name:

name of the Limited Liability Company is:

ABLE 4 Construction LLC

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

TICLE II - Address:

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

Principal Office Address:

Mailing Address:

267 Sam Smith Crl.
Crawfordville, FL
32327

267 Sam Smith Crl.
Crawfordville, FL
32327

TICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

e Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or
ther business entity with an active Florida registration.)

e name and the Florida street address of the registered agent are:

Michael Lane

Name

267 Sam Smith Crl.

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

Crawfordville FL

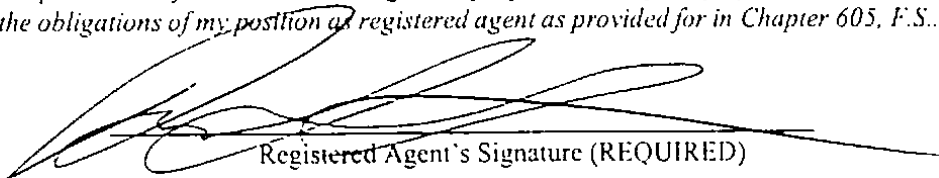
32327

City

State

Zip

ng been named as registered agent and to accept service of process for the above stated limited liability company at the
e designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I
er agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I
amiliar 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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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:

MGR

GARY Wilson 22 St. MARKS.
St. Crawfordville, FL 32327

~~AMBR~~

Michael Lane
267 Sam Smith CR.
CRAWFORDVILLE, FL 32327

(Use attachment if necessary)

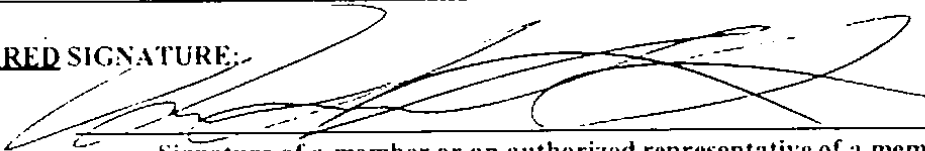
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Michael Lane

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)