

L20000394558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: New Filing Section  
Division of Corporations

Maynard Renovation LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Ray Maynard JR  
Maynard Renovation LLC  
Name of Person

\_\_\_\_\_  
Firm/Company

119 Muskett Road  
Address

Palokka Florida 32177  
City/State and Zip Code

Michael Maynard 74@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Maynard, at 386 916-1817, 268-4767 or 904 591-3278  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input 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 checked="" 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Maynard Renovation "LLC"  
(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>119 Musket Rd</u>	<u>119 muskett Road</u>
<u>Palatka, Florida</u>	<u>Palatka, Florida</u>
<u>32177</u>	<u>32177</u>

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:

Michael Ray Maynard Jr  
Name  
119 muskett Road  
Florida street address (P.O. Box ~~NOT~~ acceptable)  
Palatka FL 32177  
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.,*

Michael R Maynard Jr  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:

Michael Ray Maynard Jr  
119 Musket Road Palatka FL 32177

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

Bonnie Maynard

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.

Bonnie Maynard

Typed or printed name of signer

**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)

First Name:

Michael

Last Name:

Maynard

Driver's License or Florida ID Number:

M563-556-19-323-0

Exemption information is reflected on the Proof of Coverage database the day following the issuance of the exemption

☒ I understand that the Division of Workers' Compensation must assess an exemption processing fee of \$50 plus a service fee of \$1.00 with each request for a construction industry Certificate of Election to be Exempt or renewal of a Certificate.

It is the responsibility of the exemption holder to notify the Department of any changes to their personal information such as their address or e-mail address listed on the certificate, the dissolution or reinstatement of the corporation or limited liability company listed on the certificate, or when the person named on the certificate is no longer a corporate officer or member of the corporation or limited liability company listed on the certificate. Failure to notify the Department of any such changes, may result in a lapse of exempt status or additional expenses to the exemption holder.

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**NOTE: Please review the application prior to clicking the Next button. You will not have access to modify your application after you click Next.**

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