L21000026230

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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01/28/21--01002--014 **130.00

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COVER LETTER

	New Filing Sec Division of Cor			
eun IEC	Dakota Cor			
SUBJEC	T:	Name of Limi	ted Liability Company	
The enclo	osed Articles of	Organization and fee(s) are	submitted for filing.	
Please ret	turn all correspo	ondence concerning this mat	ter to the following:	
	Verdie M. W	'illiams		
			Name of Person	
	JMC Multi S	Services, LLC		
			Firm/Company	
	2893 West S	unrise Boulevard		
			Address	
	Fort Laudere	dale, FL 33311		
			ty/State and Zip Code	
	jmcclsvs@gm			
	j	E-mail address: (to be used t	for future annual report notificat	ion)
For further	information co	ncerning this matter, please	call:	
	Verdie M. W	illiams 954 at (791-1701	
	Nam		ea Code Daytime Telephon	e Number
Enclosed	l is a check for t	he following amount:		
	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)
	<u>Mailir</u>	ng Address	Street Address	tartato

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

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



(A)

January 28, 2021

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: DAKOTA CONCRETE, LLC

Ref. Number: W21000008994

We have received your document for DAKOTA CONCRETE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the name of the MGR.

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.

Nevsa Culligan Regulatory Specialist III

Letter Number: 421A00002037

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

Business Name & Document	(OFFICE USE ONLY) Number, (if known):
1 Dakota Concrete, LLC	
Name	Document Number (if known)
x Walk in	Will wait
Certified CopyX Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit X Limited Liability Domestication INC OTHER - Corp	Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Conversion Merger
OTHER FILINGS	REGISTRATION/OUALIFICATIONS
Annual ReportFictitious Name	Foreign FilingLimited PartnershipReinstatement
Statement of AuthorityAPOSTIL ()COUNTR	TrademarkOther
	EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 JAH 28 PM 4: 52

A	R	T	(C	L	E	I	-	N	a	n	ıe	:

The name of the Limited Liability Company is:

SECRETAL CONSTATE

Mailing Address:

Dakota	Concrete,	LL	С
			~

(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:

2781 SW 2nd Street	2781 SW 2nd Street
Apartment #8	Apartment #8
Fort Lauderdale, FL 33312	Fort Lauderdale, FL 33312
	· · · · · · · · · · · · · · · · · · ·

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:

Principal Office Address:

Jack L. Roberts		
	Name	
2781 SW 2nd Street,	#8	
Florida street address	s (P.O. Box <u>NOT</u> ac	cceptable)
Fort Lauderdale	FL	33312
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..

(CONTINUED)

Clark & Roberts

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:
"AMBR" = Authorized Member	Jack L. Roberts
"MGR" = Manager	Jack L. Force
MGR	2781 Southwest 2nd Street Apartment #8
	Apartment #8 Fort Lauderdale, FL 33312
	-
	SECKTALL TALL
	22
	
ARTICLE V: Effective date, if other than the case (If an effective date is listed, the date must be the date of filing.)	late of filing: 01/26/2021 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after
Note: If the date inserted in this block does n the document's effective date on the Departm	of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
Note: If the date inserted in this block does n the document's effective date on the Departm	ot meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
Note: If the date inserted in this block does not the document's effective date on the Department ARTICLE VI: Other provisions, if any.	of meet the applicable statutory filing requirements, this date will not be fisted as ent of State's records.
Note: If the date inserted in this block does need the document's effective date on the Departmental ARTICLE VI: Other provisions, if any. Any and all lawful business practices.	ent of State's records.
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)