

L21 000 249521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

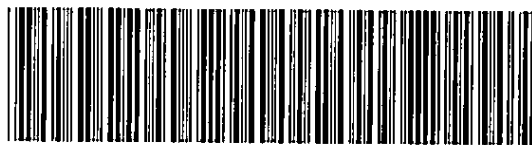
(Document Number)

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Handwritten signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2021

ERIDA ALTIMEAUX
409 XELDA AVE NORTH
LEHIGH ACRES, FL 33971-5105

SUBJECT: ALTIMEAUX & JOSEPH PROFESSIONALS L.L.C
Ref. Number: W21000028622

We have received your document for ALTIMEAUX & JOSEPH PROFESSIONALS L.L.C and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

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.

WILLIAM LAWRENCE
Regulatory Specialist II

Letter Number: 721A00004407

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COVER LETTER

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

SUBJECT: ALTIMEAUX & JOSEPH
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:

ALTIMEAUX, ERIDA
Name of Person

ALTIMEAUX & JOSEPH PROFESSIONALS L.L.C.
Firm/Company

409 XELDA AVE NORTH
Address

LEHIGH ACRES FLORIDA, 33971- 51 05
City/State and Zip Code

EALTIMEAUX@AOL.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

ALTIMEAUX, ERIDA at 786 317-1244
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:

ALTIMEAUX & JOSEPH PROFESSIONALS L.L.C

(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:

409 XELDA AVE NORTH
LEHIGH ACRES FLORIDA
33971-51 05

409 XELDA AVE NORTH
LEHIGH ACRES FLORIDA
33971-51-05

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:

ALTIMEAUX, LUCKINS

Name

409 Xelda Ave N

ALTIMEAUX, LUCKINS

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

LEHIGH ACRES FLORIDA 33971
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.

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:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR _____

ALTIMEAUX, LUCKINS
409 Yelda Ave N
LEHIGH ACRES FLORIDA 33971

AMBR _____

JOSEPH, ERIDA
709 ICHABOD AVE S
LEHIGH ACRES FLORIDA, 33973

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: 01/25/2021 (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.

ALTIMEAUX, ERIDA

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)

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