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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ALL PHASE BUILDING SOLUTIONS 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:

FARHAN RAHMAN

Name of Person

ALL PHASE BUILDING SOLUTIONS LLC

Firm/Company

P/O BOX 6385

Address

SPRINGHILL, FLORIDA 34611

City/State and Zip Code

RAHMAN.FARHAN96@GMAIL.COM

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

For further information concerning this matter, please call:

FARHAN RAHMAN at (352) 263 1122

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 JUN 22 AM 11: 26

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALL PHASE BUILDING SOLUTIONS LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

ALL PHASE BUILDING SOLUTIONS
6315 MARINER BLVD
SPRINGHILL, FLORIDA 34609

ALL PHASE BUILDING SOLUTIONS
P.O. BOX 6385
SPRINGHILL, FLORIDA 34611

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:

FARHAN RAHMAN

Name

6315 MARINER BLVD

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

SPRINGHILL FLORIDA 34609

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..

FARHAN RAHMAN

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

AMBR

Name and Address:

AKM RAHMAN
12427 GULLIVER, Rd
SPRING HILL, FLORIDA 34609

(Use attachment if necessary)

SECRETARY OF STATE
TALLAHASSEE, FL

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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:

AKM RAHMAN

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.

AKM Rahman

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)