

L21 000 439 714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

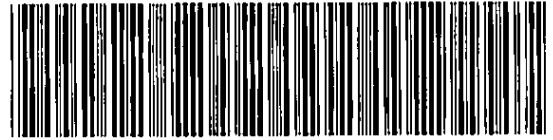
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Pitterew Tools, 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:

Don Biroshik
Name of Person
Don Biroshik CPA, P.A.
Firm/Company
35 Knight Boxx Rd, Suite 4
Address
Orange Park, FL 32065
City/State and Zip Code
don@dbepa.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Don Biroshik 904 276-2262
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FLORIDA
CLERK OF STATE

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:

Pitterew Tools, LLC

(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:

1412 Palmer Street
Jacksonville, FL 32233

1412 Palmer Street
Jacksonville, FL 32233

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:

Evan T. Pitts
Name

1412 Palmer Street
Florida street address (P.O. Box NOT acceptable)

Jacksonville FL 32233
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.

X 
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

Evan T. Pitts
1412 Palmer Street
Jacksonville, FL 32233

AMBR

Drew E Pitts
2277 Seminole Road, Unit G
Atlantic Beach, FL 32233

AMBR

Rebecca Pitts
2277 Seminole Road, Unit G
Atlantic Beach, FL 32233

(Use attachment if necessary)

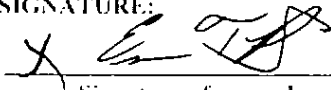
ARTICLE V: Effective date, if other than the date of filing: 8/31/2021 (OPTIONAL)

(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.

Evan T. Pitts

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)

DEPARTMENT OF STATE
 2021 AUG 31 PM 1:16
 FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2021

EVAN PITTS
1412 PALMER ST
JACKSONVILLE, FL 32233

SUBJECT: PITTCREW TOOLS LLC
Ref. Number: P21000077549

We have received your document for PITTCREW TOOLS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We can not file this amendment due to noticing the company is actually filed as a profit corporation not an LLC. If you are intending on be filed as an LLC you will need to call us to get this fixed. If you are intending on being a profit corporation then you will need to mail back in profit articles of amendment to correct the suffix to either INC, CORP and the fee of \$10.00 dollars to file corporation amendment.

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) 245-6050.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 221A00022874

ATT Tammy Cling