

L220000220918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

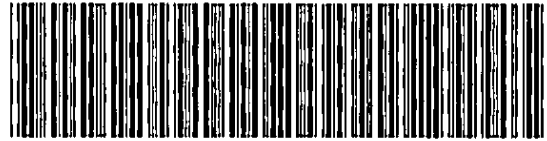
(Business Entity Name)

(Document Number)

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2022 APR 29 PM 12:01

STATE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: A.K.T.M. Services, 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:

Crystal Billups
Name of Person

Firm/Company

P.O. Box 26493
Address

Jacksonville, FL 32226
City/State and Zip Code

cb46business@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystal Billups at (850) 460-4797
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input 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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:
AKTM Services, LLC

ARTICLE II – Address:

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

Principal Office Address:

13100 Broxton Bay Drive
Apartment 118
Jacksonville, FL 32218

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

Mailing Address:

P.O. Box 26493
Jacksonville, FL 32226

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

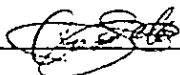
The name and the Florida street address of the registered agent are:

Crystal Billups

13100 Broxton Bay Drive, Apartment 118

Jacksonville, FL 32218

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.



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CLERK OF STATE
JACKSONVILLE, FLORIDA

ARTICLE IV -

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

MGR

Crystal Billups
13100 Broxton Bay Drive
Apartment 118
Jacksonville, FL 32218

AMBR

Crystal Billups
13100 Broxton Bay Drive
Apartment 118
Jacksonville, FL 32218

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CLERK OF STATE
JACKSONVILLE, FLORIDA

ARTICLE V:

The effective date for this Limited Liability Company shall be: May 1, 2022

ARTICLE VI:

The Employer Identification Number of AKTM Services, LLC is 88-1877116 and the NAICS code is 561110.

Signature of a member or an authorized representative of a member.

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. 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. I understand the requirement to file an annual report electronically online between January 1st and May 1st in the calendar year following formation of the Limited Liability Company and every year thereafter to maintain "active" status.