

L22090 367548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

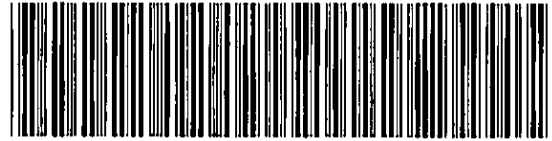
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2011
TALLAHASSEE, FLORIDA

2022 AUG 23 PM 4:52

RECEIVED

FROBERT E. BONE JR., P.A. ATTORNEY AT LAW

918 W. Main Street
Leesburg, Florida 34748
Phone: 352-315-0051
Fax: 352-326-0049

VIA FEDEX

August 19, 2022

Nolan Process Servers, LLC
7498 Anglewood Lane
Tallahassee, FL 32309

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

**RE: EMERGENCY SEPTIC, LLC
NEW LLC FILING**

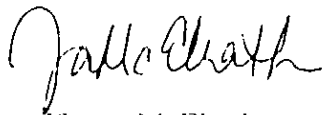
Dear Deborah:

Please find attached for rush process with the New Filing Section Division of the Florida Department of State, Division of Corporations the following:

1. Cover Letter and original signed Articles of Organization of EMERGENCY SEPTIC, LLC;
2. Check to the Florida Department of State in the amount of \$130.00 for Filing Fee and Certificate of Status; and
3. Check to Nolan Process Servers in the amount of \$75.00 for rushed same day service.

Could you please hand-carry the packet to the above address for filing as soon as possible. I appreciate all of your assistance in this matter. If you have any questions or require additional funds, please do not hesitate to contact me.

Sincerely,



Jennifer A. McElrath
Assistant to Robert E. Bone, Jr.

REB/jam

Enclosures: As noted

COVER LETTER

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

SUBJECT: EMERGENCY SEPTIC, 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:

ROBERT E. BONE JR. ESQ

Name of Person

ROBERT E. BONE JR. PA

Firm/Company

918 W. MAIN STREET

Address

LEESBURG, FL 34748

City/State and Zip Code

RBONE@THEBONELAWFIRM.COM

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

For further information concerning this matter, please call:

ROBERT BONE

352

315-0051

at (_____) _____

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:

EMERGENCY SEPTIC, 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:

1330 KENDALL DR
WILDWOOD, FL. 34785

Mailing Address:

11715 WEST COQUINA CT
CRYSTAL RIVER, FL. 33427

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:

DON M. BUCKNER

Name

11715 WEST COQUINA CT.

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

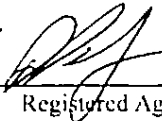
CRYSTAL RIVER FLORIDA 34785

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

DON M. BUCKNER
11715 WEST COQUINA CT.
CRYSTAL RIVER, FL. 33427

(Use attachment if necessary)

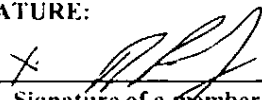
ARTICLE V: Effective date, if other than the date of filing: AUGUST 22, 2022 (OPTIONAL)

(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.

DON M. BUCKNER

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)