

L22000491129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

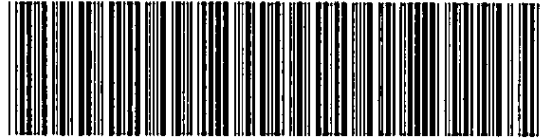
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200397351032

CLERK OF SUPERIOR COURT
JULIA HASSLER, CLERK

NOV - 9 PM 12:39

FILED

11/09/22--01022--014 **125.00

CLERK OF SUPERIOR COURT
JULIA HASSLER, CLERK

FILED

D. O'KEEFE

NOV 21 2022

COVER LETTER

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

SUBJECT: Eversman Construction 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:

Shawn Moran
Name of Person

United Accounting Group LLC
Firm/Company

380 Plaza Dr. Suite E
Address

Columbus, IN 47201
City/State and Zip Code

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

For further information concerning this matter, please call:

Shawn Moran 812 342-0548
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

Street Address
New Filing Section Division
The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Eversman Construction 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:

3619 Auburndale Ave
The Villages, FL 32162

Mailing Address:

3619 Auburndale Ave
The Villages, FL 32162

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:

Brian Eversman

Name

3619 Auburndale Ave

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

The Villages

FL

32162

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.

Brian Eversman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2022 NOV -9 PM 12:40
JENNIFER L. HARRIS
CLERK OF CIRCUIT COURT
1411 AHASSISTANT CLERK

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:

President

Brian Eversman
3619 Auburndale Ave
The Villages, FL 32162

2022 NOV -9 PM 12: 50
FILED
CLERK OF COURT
ALLAHABAD, INDIA

(Use attachment if necessary)

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:

Brian Eversman

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.

Brian Eversman

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)