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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

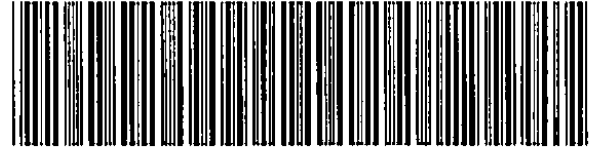
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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Handwritten signature and date 1/24/23

01/09/23--01020--003 **160.00

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: C.G. Construction of Jacksonville, 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:

Conrad Joseph Gunti, III

Name of Person

C.G. Construction of Jacksonville, LLC

Firm/Company

10950-060 San Jose Blvd.

Address

Jacksonville, FL 32223

City/State and Zip Code

cgconstruction920@att.net

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

For further information concerning this matter, please call:

Conrad Joseph Gunti, III

904

545-9979

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C.G. Construction of Jacksonville, 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:

10950-060 San Jose Blvd.

10950-060 San Jose Blvd.

Suite 319

Suite 319

Jacksonville, FL 32223

Jacksonville, FL 32223

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:

Mark C. Bryan, Esq.

Name

700 Ponte Vedra Lakes Blvd.

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

Ponte Vedra Beach

FL

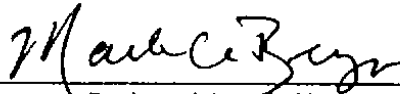
32082

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)

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TALLAHASSEE, FL

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

AMBR

Conrad Joseph Gunti, III

13201 Mandarin Rd.

Jacksonville, FL 32223

AMBR

Scot Flanders Bedingfield

2244 Gardenmoss Dr.

Green Cove Springs, FL 32043

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2023 (OPTIONAL)

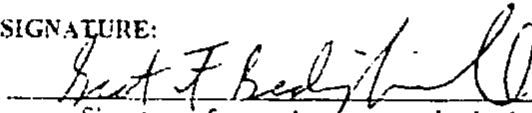
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

N/A

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.

Scot F. Bedingfield

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)

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AFFIDAVIT FOR CONSENT TO USE OF SIMILAR NAME

STATE OF FLORIDA

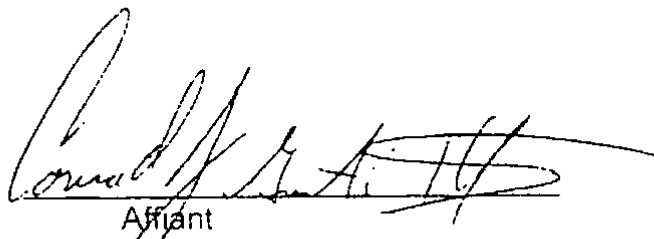
COUNTY OF DUVAL

Before me this day personally appeared Conrad Gunt III, who, being duly sworn and deposed, says:

1. I am the sole director, officer and shareholder of C.G. Construction of Jacksonville, Inc. As such, I am authorized to make this Affidavit.

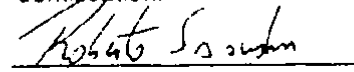
2. C.G. Construction of Jacksonville, Inc. consents to C.G. Construction of Jacksonville, LLC using a similar name, i.e. C.G. Construction of Jacksonville, LLC, despite its similarity to C.G. Construction of Jacksonville, Inc.

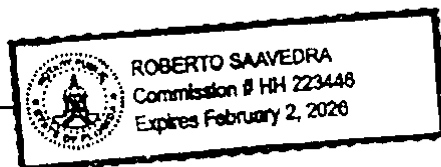
Further Affidavit sayeth naught.


Affiant

State of Florida
County of Duval

The foregoing instrument was acknowledged before me this 4 day of January, 2023, by Conrad Gunt III who is personally known to me or produced FL DL License for identification.


Printed/Typed Name: _____
Notary Public-State of Florida
Commission Number _____



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