

L23000058323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Number of Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800400727718

S. CHATHAM  
FEB - 8 2023

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 JAN 23 AM 11:06

FILED



JR SA

3 11 2:55

**FLORIDA FILING & SEARCH SERVICES, INC.**  
**P.O. BOX 10662 TALLAHASSEE, FL 32302**  
**155 Office Plaza Dr Ste A Tallahassee FL 32301**  
**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 01/23/23**

**NAME: A.S.D. CONSTRUCTION LLC**

**TYPE OF FILING: ARTICLES**

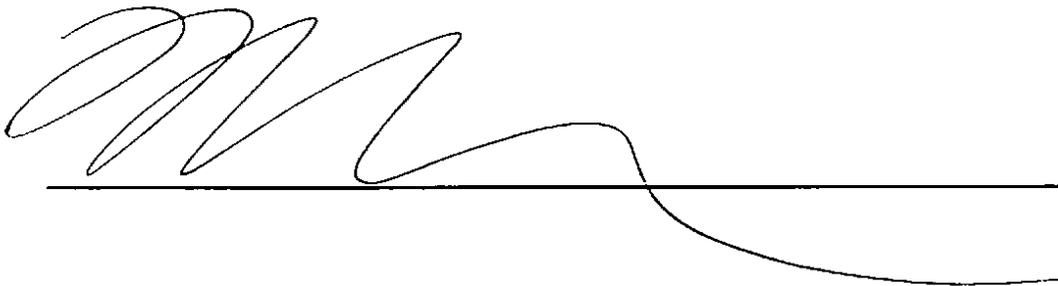
**COST: 160.00**

**RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



---

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right, positioned above a solid horizontal line.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2023

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: A.S.D. CONSTRUCTION LLC  
Ref. Number: W23000007808

We have received your document for A.S.D. CONSTRUCTION LLC. However, the document has not been filed and is being returned for the following:

The document is illegible and not acceptable for imaging.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham  
Regulatory Specialist II  
New Filing Section

Letter Number: 523A00001634

*Please keep original file date*

*Thank you!*

ALLAHASSEE, FLORIDA

2023 FEB - 7 PM 2:08

RECEIVED

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: A.S.D. CONSTRUCTION  
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:

ARMANDO SÁNTIZ DIAZ  
Name of Person

A.S.D. CONSTRUCTION  
Firm/Company

1 POPLAR TERRACE  
Address

OCALA, FLORIDA, 34480  
City/State and Zip Code

santizarmand699@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARMANDO SÁNTIZ at ( 352 ) 81-89-463  
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:

A.S.D. 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:

Mailing Address:

1 POPLAR TERRACE  
Ocala, Florida, 34480

1 POPLAR TERRACE  
Ocala, Florida, 34480

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:

MIRIA VANESSA MORALES  
Name

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

Ocala : FLORIDA 34480  
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)

SECRETARY OF STATE  
TALLAHASSEE FL

2023 JAN 23 AM 11:06

FILED

**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:**

MGR

ARMANDO SANTI DIAZ  
1 POPLAR TERRACE, OCALA,  
FLORIDA 34480

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 JAN 23 AM 11:06

FILED

(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:**



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.

ARMANDO SANTI DIAZ

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)