

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L240003098143

9.11.24

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000309814 3)))



H240003098143ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : OLMSTED & WILSON, P.A.
Account Number : I20170000066
Phone : (941)624-2700
Fax Number : (941)624-5151

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: wallystanul@gmail.com

FLORIDA LIMITED LIABILITY CO.

American Elevator Inspectors, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

2024 SEP 11 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FL

24 SEP 11 AM 8:49

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

**ARTICLES OF ORGANIZATION OF
AMERICAN ELEVATOR INSPECTORS, LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — NAME

The name of the Limited Liability Company is: American Elevator Inspectors, LLC.

ARTICLE II — ADDRESS

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

Principal Office Address:

14431 Mindello Dr.
Fort Myers, Florida 33905

Mailing Address:

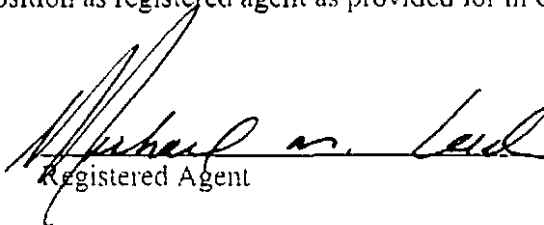
14431 Mindello Dr.
Fort Myers, Florida 33905

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE,
& REGISTERED AGENT'S SIGNATURE**

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

Michael M. Wilson, Esq.
17801 Murdock Circle, Suite A
Port Charlotte, Florida 33948

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

ARTICLE IV — DURATION

The period of duration for the Limited Liability Company shall be perpetual.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 SEP 11 AM 8:49

MANAGEMENT

The Limited Liability Company is to be managed by a manager or managers and the names and addresses of such manager or managers who are to serve in such capacity are:

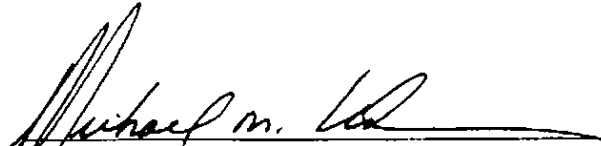
Name:

Dena Stanula

Address:845 Palmetto Dr.
Port Charlotte, Florida 33952

In the event there is more than one manager, then no single manager has the authority to bind the company in the ordinary course of its business, and the authority of all managers will be required to bind the company.

These Articles of Organization are signed and acknowledged this 30 day of August, 2024.


Michael M. Wilson, its authorized representative

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 SEP 11 AM 8:49