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| (Re | equestor's Name) | |
|---|--------------------|-----------|
| (Address) | | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

| | w Filing Section vision of Corporations | | |
|----------------|--|--|--|
| SUBJECT: | Randy H | PRICK Painting LC FLimited Liability Company | |
| The enclose | d Articles of Organization and fee(| s) are submitted for filing. | |
| Please retur | n all correspondence concerning th | is matter to the following: | |
| | Ranc | Name of Person | |
| | | / Name of Person | |
| | | | |
| | | Firm/Company | |
| | 491 B | Rown Mason Rd | |
| | Defuniak | Springs FL 32433 Chy/Statevard Zip Code | |
| _ | E-mail address: (to be | used for future annual report notification) | |
| For further in | formation concerning this matter, p | lease call: | |
| - | Randy Herrick a | Area Code Daytime Telephone Number | |
| Enclosed is | a check for the following amount: | | |
| \$125.00 Fil | ing Fee \$130.00 Filing Fee Certificate of Statu | | |
| | Mailing Address | Street Address | |
| | New Filing Section Division of Corporations | New Filing Section | |
| | P.O. Box 6327 | Division of Corporations Clifton Building | |
| | Tallahassee, FL 32314 2661 Executive Center Circle | | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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| ACCEPTOR ON AN EXPERIENCE OF THE PROPERTY OF T |
|--|
| ARTICLE 1 - Name: The name of the Limited Liability Company is: |
| Must contain the words "Limited Liability Company, "L.I.E.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: |
| Principal Office Address: 491 Brown Muson Rd Defunjak Springs, Fr. 32433 Defunjak Springs, Fr. 32433 |
| 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: Randy Herrick Name 491 Brown Mason Rd Florida street address (P.O. Box NOT acceptable) Defunial Spans A 32433 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) (CONTINUED) (CONTINUED) |

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

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

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|---|--|
| "MGR" = Manager | Randy Herrick 491 Brown Mason Rd Defuniak Springs, F7 32433 |
| | |
| · | |
| | |
| (Use attachment if necessary) | |
| the date of filing.) | cannot be more than five business days prior to or 90 days after pplicable statutory filing requirements, this date will not be listed as |
| REQUIRED SIGNATURE: | |
| This document is executed in acc | an authorized representative of a member. ordance with section 605.0203 (1) (b). Florida Statutes ion submitted in a document to the Department of State |
| constitutes a third degree felony as Rand | s provided for in s.817.155, F.S. |
| \$125.00 Filing Fee for Articles of Organizatio \$ 30.00 Certified Copy (Optional) | ည်း Olling Fees: |