Office Use Only



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## COVERLETTER

TO: New Filing Section Division of Corporations
SUBJECT: Rose Painting & Custom Home Services, 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:
Leah R. Fenenbock Name of Person
10 Brave Drive
Crawfordy: 119, FL 32327  City/State and Zip Code  Lan fenen bock @ gma, 1. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Leah Fenenbock at (850) 545-448   Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee.} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address New Filing Section New Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	Ā	R1	TIC	LE.	-	Name:
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The name of the Limited Liability Company is:

Rose Painting & Custom Hone Services LLC (Must contain the words Limited Liability Company, "L.L.C.," or "L.L.C.,")

## ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	
LO Brave Dr. Crawfordille, FL 32327	10 Blaye Or. Craw Fordville, FL 32227	

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:

Leah 1	2. Fenenbac	K
<u> </u>	Name	
16 Bray	Qr.	
	ress (P.O. Box <u>NOT</u> ac	ceptable)
Crawford	VILL FL	52327
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)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:  Leah R. Fenenbock  18 Brave Dr.  Crewlard ville, Ft 32321
the date of filing.)	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
REQUIRED SIGNATURE?	

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)