Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAW OFFICE OF CONRAD WILLKOMM, P.A.

Account Number : I20200000174 Phone : (239)262-5303 Fax Number : (239)262-6030

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

Email Address: conrad@swfloridalaw.com

FLORIDA LIMITED LIABILITY CO.

Everything Interior & Innovated Exterior, LLC

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Corporate Filing Menu

Help

P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER Registration Section Division of Corporations Everything Interior & Innovated Exterior, 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 Willkomm Esq. Name of Person Law Office of Conrad Willkomm, P.A. Firm/Company 3201 Tamiami Trail N, 2nd Floor Address Naples, FL 34103 City/State and Zip Code conrad@swfloridalaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Conrad Willkomm, Esq. Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$155.00 Filing Fee & \$160.00 Filing Fee, \$130.00 Filing Fee & Certificate of Status & ~ Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is circles d) Mailing Address Street Address **New Filing Section** New Filing Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fax: 12392626030

Everything Interior & Innovated Exterior, LLC

(Must end with 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 Offic	ce Address:	 	Mailing Addres	<u>ss</u> :
3599 Grand Cypress Drive			3599 Grand Cypress Drive	
 Naples, FL 34119		 	Naples, FL 34119	
				

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:

Law Of	fice of Conra	d Willkomm, P.A.	
		Name	
-3201 Ta	miami Trail	N, 2nd Floor	
Florida	street addres	s (P.O. Box <u>NOT</u> ac	ceptable)
Naples	*	Florida	34103
• •	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)

Page 1 of 2

22 JUL 18 PM 12: 35

Fax: 12392626030

man .	or the control of the
Title: "AMBR" = Authorized Member	Name and Address:
. "MGR" = Manager	
MGR — Manager	Mckalester Gale
	14 Coughlin Road
	Barrie, Ontario L4N 8S5 Canada
MGR	Laurie Gale 14 Coughlin Road
	Barrie, Ontario LAN 8S5 Canada
	Darie, Omario Dyri (05) Canada
(Use attachment if necessary)	
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