

L03000013206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name
Availability

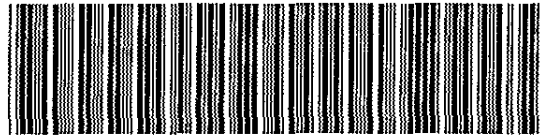
Document
Expiration

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Verifier

Acknowledgement DCC

W. P. Verifier DCC



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03/21/03--01033--005 **150.00

FILED
03 APR 11 PM 4:21
TALLAHASSEE, FLORIDA

mailing & principal address.

March 19, 2003

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Filing Articles of Organization for Florida Limited Liability Co.

Gentlemen:

Enclosed is the form and a check in the amount of \$150.00 to cover for the filing fees.

My mailing address is: Finishing Touch of Florida
Attn: Michael Lego
150 Olive Tree Circle
Altamonte Springs, FL 32714

I can be reached at 407-869-5552 or 407-948-7841 (cell)

Sincerely,


Michael R. Lego

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03 APR 11 PM 4:21
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 24, 2003

MICHAEL LEGO
150 OLIVE TREE CIRCLE
ALTAMONTE SPRINGS, FL 32714

SUBJECT: FINISHING TOUCH OF FLORIDA, LLC
Ref. Number: W03000008354

We have received your document for FINISHING TOUCH OF FLORIDA, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Corporate Specialist

Letter Number: 203A00017820

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Finishing Touch of Florida, LLC

ARTICLE II - Address:

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

150 Olive Tree Circle, Altamonte Springs, Florida 32714

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Michael R. Lego

Name

150 Olive Tree Circle

Florida street address (P.O. Box NOT acceptable)

Altamonte Springs FL 32714

City, State, and 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 608, F.S.

Michael R. Lego
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Michael R. Lego
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael R. Lego

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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03 APR 17 PM 4:21
TALLAHASSEE
FLORIDA