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TRANSMITTAL LETTER

TO: Registered Section
Division of Corporations

SUBJECT: Fields Stucco & Plastering

The enclosed Articles of Organization and fee(s) are submitted for filing as follows:

Christopher Fields
(Name of Person)

Fields Stucco & Plastering, LLC
(Firm/Company)

7 S. W. Vista Drive
(Address)

Lake Placid, Florida 33852
(City, State, Zip Code)

For further information concerning this matter, please call:

Christopher Fields at (863) 699-0805
(Name of Person) (Area Code) and daytime telephone number

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32314

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32399

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fields Stucco & Plastering, LLC

ARTICLE II - Address:

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

Principal Office Address:

7 S. W. Vista Drive
Lake Placid, Florida 33852

Mailing Address:

7 S. W. Vista Drive
Lake Placid, Florida 33852

ARTICLE III - Registered Agent, Registered Office, and Registered Agent Signature:

Christopher Fields

Name

7 S. W. Vista Drive

Lake Placid, Florida 33852

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. 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, Florida Statutes.



Registered Agent's Signature

FILED
04 JUN -14 PM 4:06
TALLAHASSEE, FLORIDA

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

Christopher Fields

7 S. W. Vista Drive

Lake Placid, Florida 33852

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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 penalty of perjury that the facts stated herein are true.

Christopher Fields

Type or printed name of signee