# 108000061022

•
(Requestor's Name)
(Address)
(,
(Address)
(City/State/Zip/Phone #)
. PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



200130888002

06/23/08--01032--014 \*\*125.00

1 MJ 83 NUL 80

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO ACKNOWLEDGE

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATION



## **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT:	ach Tylev (Name of Limited	Painting de Liability Company)	LLC		
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
J	ack Eric T	üler			
	(1	vame of Person)			2
				)L 8	L L A
**************************************	(	Firm/Company)	***************************************	08 JUN 23	HAS
12113	Waterfrom	Drive		3 PX	SEE,
	way ci j i o ici	(Address)	·		FLO
Talla	hassee, Flo	Address)  Yida 32312  State and Zip Code)		1:16	ALLAHASSEE, FLORIDA
<del>- 100 - 1</del> 00	(City/	State and Zip Code)		_	
For further information c	concerning this matter, please of	all:			
Jack Eric (Name	Tyler of Person)	at ( <u>850</u> ) <u>894-81</u> (Area Code & Daytime Tel	ephone Number)		
Enclosed is a check for	r the following amount:				
\$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fe Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center ( Tallahassee, FL 32301	S		

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Must end with the words "Limited Liability Company, "Limited	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12113 Waterfront Drive Tallahassee, Florida 32312	13113 Waterfront Drive Tallahassee, Florida 32312
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:

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..

12113 Waterfront Drive
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32312

City, State, and Zip

Registered Agent's Signature (REQUIRED)

Jack Eric Tyler Name

(CONTINUED)

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

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

"MGR" = Manager "MGRM" = Managing Member	
MGRM	Jack Eric Tyler 12113 Waterfront Drive Tallahassee, Florida 32312
(Has attachment if incorrorm)	
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date mu or 90 days after the date of filing.)	ne date of filing: (OPTIONAL st be specific and cannot be more than five business

#### **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 penalties of perjury that the facts stated herein are true.)

& Jack Eric Tyler

Typed or printed name of signer

#### Filing Fees:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

08 JUN 23 PM 1: 16

ALLAHASSEE. FLORIDA