# L09000013404

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

Office Use Only



400142358204

01/30/09--01031--002 \*\*150.00

Effective Date 02 15/09

DIVISION OF CORPORATION

T. HAMPTON FEB 1 0 2009

EXAMINER

263-4876

## **COVER LETTER**

Division of Corporations					
SUBJECT: PATES GARAGE DOOR COMPANY 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:					
ROBERT PATE (Name of Person)					
PATES GARAGE DOOR COMPANY (Firm/Company)					
6806 MORNAY CT (Address)					
TAMPA E 336/3 (City/State and Zip Code)					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
ROBERT PATE at (813) 690 5344  (Name of Person) (Area Code & Daytime Telephone Number)					
(Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$125.00 Filing Fee \$\text{S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)} \$160.00 Filing Fee, 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 Circle Tallahassee, FL 32301					



#### RECEIVED

09 FEB -9 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 2, 2009

ROBERT PATE 6806 MORNAY CT TAMPA, FL 33615

SUBJECT: PATES GARAGE DOOR COMPANY LLC

Ref. Number: W09000004976

We have received your document for PATES GARAGE DOOR COMPANY 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):

Your document is being returned as per our phone conversion.

The converting Florida entity must be active on our records.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 109A00003617

Division of Comparations DO POV 6297 Tellahassas Florida 29214

# Effective Date 02/15/09

**ARTICLE I - Name:** 

**ARTICLE II - Address:** 

**Principal Office Address:** 

business entity with an active Florida registration.)

Liability Company is:

Signature:

individual or another

The name of the Limited Liability Company is:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PATES GARAGE DOOR COMPANY LLC
(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation

The mailing address and street address of the principal office of the Limited

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

DAVID PATE

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an

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

**Mailing Address:** 

	N	ame		
	6806 mor	YAK	CT	
	Florida street address (P	.O. Box <u>N</u>	OT acceptable)	
	TAMPA	FL	33615	
	City, State, and Zip			
above stated limi hereby accept capacity. I furth the proper and c	ned as registered agent and ted liability company at the the appointment as registeer agree to comply with the complete performance of migations of my position as in Chapter 608	e place designed agent of provisions by duties, and registered a first FS	gnated in this certi and agree to act in s of all statutes rela ad I am familiar wi agent as provided for	ficate, I this ating to th and or in
	Registered Agent's	Signature	(REQUIRED)	
	(CONTINUED) Page 1 of 2			λ. 10

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	ROBERT PATE 6806 MORNAY CT
	TAMPA E 33615
Objective to the second	
<del></del>	
	(Use attachment if necessary)
ARTICLE V: Effective date, if other than the da (The effective date: 1) cannot be prior to nor	
document is filed by the Florida Department the effective date listed in the attached Cer date is listed therein.)	of State; AND 2) must be the same as
REQUIRED SIGNATURE:	
Signature of a member or an author	orized representative of a member.
(In accordance with section 608.40) of this document constitutes an affirm	8(3), Florida Statutes, the execution mation under the penalties of perjury

Typed or printed name of signee

that the facts stated herein are true.)

### 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)

Page 2 of 2