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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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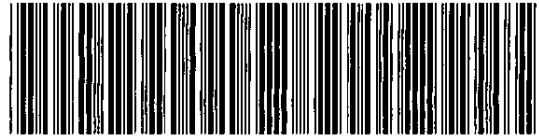
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/27/09--01043--003 **130.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

APR 30 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2009

JUSTIN M. HATFIELD
1920 6TH AVENUE WEST
BRADENTON, FL 34203

SUBJECT: JUSTIN'S WINDOWS, DOORS AND HURRICANE PROTECTION
LLC

Ref. Number: W09000019953

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TALLAHASSEE, FLORIDA

We have received your document for JUSTIN'S WINDOWS, DOORS AND HURRICANE PROTECTION LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$130.00 payment.

We received the first page of your LLC Articles of Organization, but not the second page.

Please complete, sign, and return the enclosed PAGE 2 of 2.

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 209A00014333

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Justin's Windows, doors and Hurricane protection 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:

Justin M. Hatfield
(Name of Person)

Justin's Windows, Doors and Hurricane Protection LLC.
(Firm/Company)

1920 6th Ave W.
(Address)

Bradenton FL 34203
(City/State and Zip Code)

For further information concerning this matter, please call:

Justin Hatfield at (941) 879-4940
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Justin's Windows, doors and Hurricane protection
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") LLC

ARTICLE II - Address:

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

Principal Office Address:

1920 6th Ave W.
Bradenton FL
34203

Mailing Address:

1920 6th Ave W.
Bradenton FL
34203

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:

Justin Hatfield
Name

1920 6th Ave W.
Florida street address (P.O. Box NOT acceptable)

Bradenton FL 34207
City, State, and Zip

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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..

Justin Hatfield
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

"MGRM" = Managing Member

Name and Address:

MGRM

JUSTIN M. HATFIELD
1920 6th Avenue West
Bradenton, FL 34205

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

/s/ JUSTIN M. HATFIELD
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.)

Justin M. Hatfield
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)