

L09000086469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

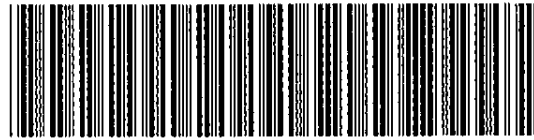
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/09/09--01001--006 \*\*125.00

RECEIVED

09 SEP -8 PM 3:15

REGISTRATION & CORP. FILE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

09 SEP -8 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

SEP 08 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Ultra Unlimited Cleaning & Painting  
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:

Anthony Lashawn Byrd Jr.  
Name of Person

Firm/Company

297 Beech Ave. Gretna Fla.  
Address

Gretna Fla. 32332  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Byrd or Juanita Faison  
Name of Person

at

Area Code & Daytime Telephone Number

850 856-8080 or 321-0068

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ultra Unlimited Painting & Cleaning L.L.C.  
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

297 Beech Ave.  
Gretna Fla. 32332  
\_\_\_\_\_

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:

Anthony Byrd  
\_\_\_\_\_  
Name

297 Beech Ave.  
\_\_\_\_\_  
Florida street address (P.O. Box NOT acceptable)  
Gretna FL 32332  
\_\_\_\_\_  
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..*

Anthony Byrd  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
09 SEP 8 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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09 SEP - 8 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Juanita Faison

250 Earpest O. Barkley Rd.  
Gretna Fla. 32332

MGRM

Anthony L. Byrd Jr.

400 S. Her Oak Rd.  
Havana Fla. 32333

(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:**

Anthony Byrd

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.)

Anthony Byrd

Typed or printed name of signee

**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)