

L100000061639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

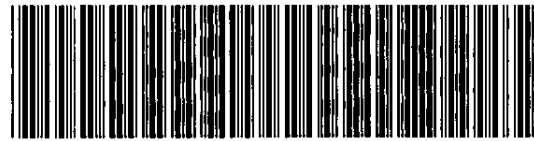
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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900181610279

06/07/10--01034--017 **160.00

EFFECTIVE DATE

6/2/2010

B. KOHR

JUN - 9 2010

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN - 7 AM 10:32

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Class act installations LLC.
Name of Limited Liability Company

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN -7 AM 10:32

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terry Brian Palmer
Name of Person

1451 Agatha dr
Address

Firm/Company

EFFECTIVE DATE

6/2/2010

Deltona Florida 32725
City/State and Zip Code

Classact9998@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terry Palmer at (407) 467 6765
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

EFFECTIVE DATE 6/2/2018

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Class 9ct Installations LLC.

(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:

1451 Agatha dr
Deltona Florida 32725

Mailing Address:

1451 Agatha dr
Deltona Florida 32725

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:

Terry Brian Palmer

Name

1451 Agatha dr

Florida street address (P.O. Box **NOT** acceptable)

Deltona FL 32725

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN -7 AM 10:32

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:

MGR

Terry Brian Palmer
1451 Agatha dr
Deltona Florida 32725

MGRM

Brett Adam Bryant
1447 Agatha dr
Deltona Florida 32725

MGRM


Taylor Dow Palmer
1446 Felton St
Deltona FL 32725

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/2/10 (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:



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.)

Terry Brian Palmer

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)