

L110000064490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

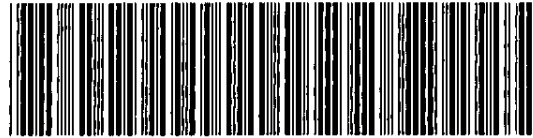
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

~~will 30247~~
Special Instructions to Filing Officer:

Office Use Only



300199464713

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN -2 PM 8:43

B Tadlock JUN 02 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Parrish Remodel & Maintenance 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:

Paul R. Parrish

Name of Person

Firm/Company

10179 Vixen Place

Address

Pensacola, Florida 32514

City/State and Zip Code

builderpaul@yahoo.com

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

For further information concerning this matter, please call:

Paul Parrish

at (850)

393-3409

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2011

VOCATIONAL REHABILITATION, ATTN: SHANNON
5330 BERRYHILL RD.
MILTON, FL 32570

SUBJECT: PARRISH REMODEL & MAINTENANCE LLC
Ref. Number: W11000030247

We have received your document for PARRISH REMODEL & MAINTENANCE LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

We are enclosing the signed invoice as requested.

Please return the check in the enclosed self-addressed envelope.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 911A00013535

**DEPARTMENT OF EDUCATION
VOCATIONAL REHABILITATION SERVICES
AUTHORIZATION AND BILLING INVOICE**

Return To: VOCATIONAL REHABILITATION
5330 BERRYHILL ROAD
MILTON, FL 32570
(850) 626-2124

INVOICE #: **EKKF212**
EXP. OPTION: A4
GRANT #: B2701

FOR: Mr. Paul R Parrish
10179 VIXEN PLACE
PENSACOLA, FL 325147156

ID#: VR0568740 CASE # 01

MEDICAID NO:

INSURANCE CO:

POLICY NO:

EMPLOYER INS:

POLICY NO:

OBJECT CODE: 252019

ORG. CODE: 48800201105

FUND CODE: 10

VENDOR: VF593466865008
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 323140000

RECEIVED
UNF DTD

JUN 09 2011

VOCATIONAL
REHABILITATION

2011 JUN 13 AM 11:49

RECEIVED
DIVISION OF CORPORATIONS
JUN 13 2011

SERVICE TO BE PROVIDED:	FEE CODE	AUTHORIZED AMOUNT	BILLED AMOUNT
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Pursuant to Rule 60A-1.030(3)(d)viii and 60A-1.032(1)(g)&(h) the following transaction(s) are not subject to the one percent transaction fee.

0001	OCCUPATIONAL LICENSE, TOOLS, EQUIPMENT, STOCK AND SUPPLIES	G10005	\$125.00
Item/Hour	1 @	\$125.00	
04/07/2011			
Business License			
Total amount:	\$125.00	Customer share: (0%) \$0.00	VR share: (100%) \$125.00

If total amount differs, the customer share will not exceed 0%.

STATE TAX EXEMPT #: 05-801-2631852C-2 Customer share: (0%) \$0.00 TOTAL BILLED TO VR: \$125.00

05-801-2631852C-2

5871 04/07/2011

Lindsay Braun

CO # DATE

SIGNATURE OF VENDOR

DATE

SUPERVISOR APPROVAL

DATE

VENDOR: PLEASE SIGN AND RETURN THIS COPY. RETAIN 2ND COPY FOR YOUR RECORDS. Your report and/or invoice and this signed authorization must be received before payment can be made.

I certify, by evidence of my signature below, the above information is true and correct; the goods and services have been satisfactorily received and payment is now due. I understand that the office of the Chief Financial Officer reserves the right to require additional documentation and/or conduct periodic post-audits of any agreement.

COUNSELOR APPROVAL FOR PAYMENT

DATE

ALL SERVICES WERE PROVIDED IN CONFORMANCE WITH SECTION 504 OF REHABILITATION ACT AND WITHOUT REGARD TO THE CLIENT'S RACE, COLOR, DISABILITY OR NATIONAL ORIGIN AS REQUIRED BY TITLE VI OF THE CIVIL RIGHTS ACT.

STATE OF FLORIDA

VOUCHER SCHEDULE

DATE 06/21/2011

S-W/Agency Voucher No.

OLO 480000

JT-2

D10-0071-2079

DEPARTMENT VOCATIONAL REHABILITATION

TM0038

SITE DOE-VOC REHAB, CLIENT SERVICES

B

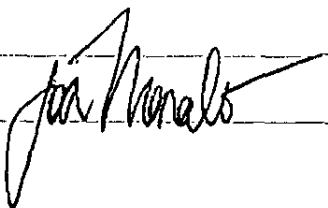
CFO ACCOUNT NUMBER	CF	OBJECT CODE	TRANS CODE	TRANS CODE
			25	45
CFO ACCOUNT NAME				
INVOICE	INVOICE AMOUNT		INCREASE AMOUNT	INCREASE AMOUNT
48202270001-4816000000-10293300		2520	125.00	
FEDERAL REHABILITATION TRUST FU				
PURCHASED CLIENT SERVICES				
INV: EKKF212	125.00			
45101000132-4530010000-00010000				125.00
GENERAL REVENUE FUND				
FEES				
TRANSACTION TYPE: JOURNAL ADVICE		TOTAL	125.00	TOTAL 125.00

I hereby certify that the above transactions are in accordance with the Florida Statutes and all applicable laws and rules of the State of Florida.

For CFO Use Only

Time In

APPROVED:



TITLE

Audited By

FILE COPY

TIME: 16:27:32

DATE: 06 20 11

VOUCHER SUMMARY DETAIL REPORT

SITE: 80

INVOICE BK1 OCA
B BPIN GRANT
B2701

YR CF SUB-VENDOR-ID
CR-NO CR-DT

IB1 CAT SEC-DOC
102933 00

BE AGENCY NAME
STATE

GROUP
E

VOUCHER TYPE
C2

EO VR OBJECT
BF-CAT BF-YR/CF

GE SF FID BE OTHER DOC
BF-ORG BF-OPT BF-OB 48160000 00

125.00 20 2 270001 001000

125.00

TR TRDATE
VENDOR-ID
51 06132011 48800201105 N4 01 252015

451010001324530010000 000100 00

TOTAL VOUCH# TM0038

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Parrish Remodel & Maintenance 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:

Paul Parrish
10179 Vixen Place
Pensacola, FL 32514

Mailing Address:

Paul Parrish
10179 Vixen Place
Pensacola, FL 32514

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:

Paul R. Parrish
Name

10179 Vixen Place

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

Pensacola FL 32514
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.

Paul R. Parrish

Registered Agent's Signature (REQUIRED)

(CONTINUED)

11 JUN - 2 PM 8:43
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

Paul R. Parrish

10179 Vixen Place

Pensacola, FL 32514

MGRM

Benjamin R Parrish

4265 Danamar Drive

Pensacola, FL 32504

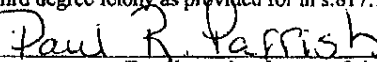
(Use attachment if necessary)

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:


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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)



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)