# L12000048932

(Red	questor's Name)	
(Add	dress)	<u>,                                      </u>
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	. MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only

B. KOHR

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**EXAMINER** 



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ONVISION OF CORPUSATION

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### **COVER LETTER**

TO: Registration Division of C	i Section Corporations		
SURJECT: Con	tractor Verify Flo	orida, LLC.	
<u></u>		ed Liability Company	
			7
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this matt	er to the following:	
Darris A	Allen		
<u>Barrio 7</u>	WOII	Name of Person	-
Contrac	ctor Verify Florid	la, LLC.	
<del></del>		Firm/Company	_
13874	SW 40th Street		
		Address	-
Davie, FL	33330		
		y/State and Zip Code	_
darriswall	en@gmail.com	or future annual report notification)	
		•	
For further information	on concerning this matter, please	call:	
Darris Allen		at (954 ) 495-0092	
Nam	ne 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 & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 th	e Limi

The name of the Limited Liability Company is:

## Contractor Verify Florida, 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:	Mailing Address:	
13874 SW 40th Street	13874 SW 40th Street	
Davie, FL 33330	Davie, FL 33330	

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:

Darris A	lien
	Name
13874	SW 40th Street
	Florida street address (P.O. Box NOT acceptable)
Davie	<sub>FL</sub> 33330
<del></del>	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)

Page 1 of 2

	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	•
// GRM	Darris Allen
	13874 SW 40th Street
	Davie, FL 33330
<del></del>	
Use attachment if necessary)	
(Use attachment if necessary)  LE V: Effective date, if other the fective date is listed, the date mays after the date of filing.)	an the date of filing: (OPTION ust be specific and cannot be more than five business d
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LE V: Effective date, if other that fective date is listed, the date me days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	nember or an authorized representative of a member.  Ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. In information submitted in a document to the Department of State to felony as provided for in s.817.155, F.S.)

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

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)