

L120000098321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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07/30/12--01038--002 **130.00

EFFECTIVE DATE

8/6/12

12 JUL 30 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

N. Gulligan JUL 31 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Exum's Acoustical Ceilings, 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:

Anita Exum

Name of Person

Exum's Acoustical Ceilings, LLC

Firm/Company

111 Sharewood Dr

Address

Valrico, FL 33594

City/State and Zip Code

tbbc2004@hotmail.com

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

For further information concerning this matter, please call:

Anita Exum

Name of Person

at (**813**) **716-7129**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Exum's Acoustical Ceilings, 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:

111 Sharewood Dr

Valrico, Fl

33594

Mailing Address:

111 Sharewood Dr

Valrico, Fl

33594

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:

Anita Exum

Name

111 Sharewood Dr

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

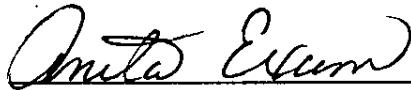
Valrico

FL 33594

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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

Anita Exum

111 Sharewood Dr

Valrico, FL 33594

MGRM

Jimmie Lee Exum, Junior

111 Sharewood Dr

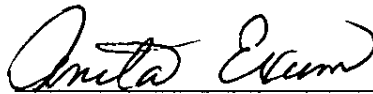
Valrico, FL 33594

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/06/2012 (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 Banking and Finance constitutes a third degree felony as provided for in s.817.155, F.S.)

ANITA EXUM

Typed or printed name of signee

FILED
12 JUL 30 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)