L12000155881

_____
(Requestor's Name)

_____
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)
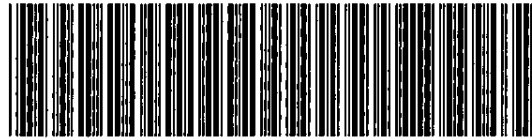
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(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ## PAUL R. GENZ, 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. GENZ

Name of Person

PAUL R. GENZ, LLC

Firm/Company

4404 SE 6TH WAY

Address

BUSHNELL, FL 33513

City/State and Zip Code

paulgenz50@gmail.com

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

For further information concerning this matter, please call:

PAUL R. GENZ   at (352) 220-8274

Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■$125.00 Filing Fee   ❑$130.00 Filing Fee &   ❑$155.00 Filing Fee &   ❑ $160.00 Filing Fee,
Certificate of Status   Certified Copy   Certificate of Status &
(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 the Limited Liability Company is:

PAUL R. GENZ, 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:**

4404 SE 6TH WAY   4404 SE 6TH WAY
_____   _____
BUSHNELL, FL 33513   BUSHNELL, FL 33513
_____   _____

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.)

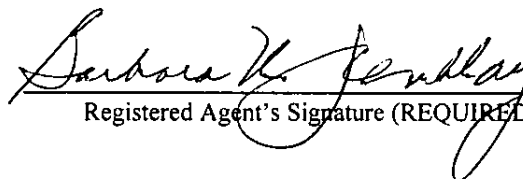The name and the Florida street address of the registered agent are:

BARBARA N. TREMBLAY
_____
Name

13275 KITTY ROAD
_____
Florida street address (P.O. Box **NOT** acceptable)

BROOKSVILLE   FL 34614
_____
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

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

PAUL R. GENZ

4404 SE 6TH WAY

BUSHNELL, FL 33513
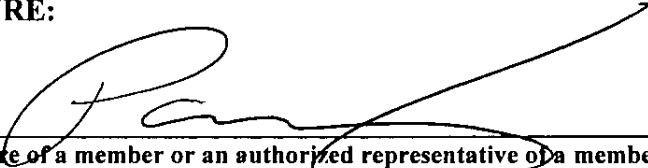
(Use attachment if necessary)

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.)

PAUL R. GENZ
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)