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SECRETARY OF STATE

C. LEWIS

MAR 6, 2013

EXAMINER



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 28, 2013

ROBERT TIDWELL / ROBERT TIDWELL DRYWALL & PAINTING LLC 2322 HONEY DRIVE LAKELAND, FL 33801

SUBJECT: ROBERT TIDWELL DRYWALL & PAINTING LLC

Ref. Number: W13000005447

We have received your document for ROBERT TIDWELL DRYWALL & PAINTING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 25, 2013. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 513A00002092

**Registration Section** 

· TO:

## **COVER LETTER**

Division of Corporations	
	L DRYWALL & PAINTING d Liability Company
The enclosed Articles of Organization and fee(s) are su	abmitted for filing.
Please return all correspondence concerning this matter	r to the following:
ROBERT TIDWEL	<u></u>
1	Name of Person.
ROBERT TIDWELL	DRYWALLS PAINTING Firm/Company
2322 HONEY D	PIVE Address
LAKELAND FL.	33801
	ATL COM r future annual report notification)
For further information concerning this matter, please of	
ROBERT TIDWELL Name of Person	at (863) 226-9453 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ \$160.00 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

<b>ARTI</b>	$\mathbf{CL}$	Εl	[ -	N	am	e	:
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The name of the Limited Liability Company is:

ROBERT TIDWELL DRYWALL + PAIWTING 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: 2322 HONEY DRIVE LAKELAND FL. 33801	Mailing Address:  2322 HONEY DRIVE LAKELAND FZ, 35801
	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:
X FOBERT TI	DUELL - PRANCE - PRAN
<del>7000</del> 1.0.	t address (P.O. Box NOT acceptable)
LAKELA DI Cin	FL 33801 y, 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

	er(s) or Managing Member(s): of each Manager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing	Member    Name and Address:   SECRETARY OF STATE
· MGRM'	ROBERT TIDUELL  2322 HONEY DRIVE LAKELAND FL. 33801
(Use attachment if nece	ssary)  FEB. 25, 2013  Thurst 1, 2013. (OPTIONAL)
ARTICLE V: Effective date, if If an effective date is listed, porior to or 90 days after the date.	the date must be specific and cannot be more than five business days
REQUIRED SIGNAT	URE:
Signa	Ratus Visited 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 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)