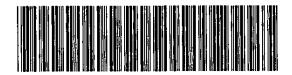
L13 000 118096

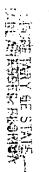
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200250757202

200250757202 08/20/13--01010--023 **125.00



15 20 PH 12: 37

AUG 21 2013

COVER LETTER

TO: Re

Registration Section
Division of Corporations

SUBJECT:

Stephen Tindell

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:

Stephen Tindell

Name of Person

Stephen Tindell LLC

Firm/Company

292 Cloverdale Road

Address

Winter Haven FL 33884

City/State and Zip Code

hypo025@aol.com

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

For further information concerning this matter, please call:

Lisa Rudis

.863

318-0659

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)

S160.00 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

Stephen Tindell LLC		
	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	f the principal office of the Limited Liabili	ity Company is:
Principal Office Address:	Mailing Address:	
292 Cloverdale Road	292 Cloverdale Road	
Winter Haven, FL 33884	Winter Haven, FL 33884	
	ristered Office, & Registered Agent's Sig wn Registered Agent. You must designate an individual	
The name and the Florida street address of Complete Roofing & C	onstruction LLC	
		13 AUG 20
Complete Roofing & C	onstruction LLC Name uite 1B	13 AUG 20
Complete Roofing & C 4411 US HWY 92 E St Florida s	onstruction LLC Name uite 1B street address (P.O. Box <u>NOT</u> acceptable)	13 AUG 20 PA
Complete Roofing & C 4411 US HWY 92 E St Florida s Lakeland, FL 3380	onstruction LLC Name uite 1B street address (P.O. Box <u>NOT</u> acceptable)	13 AUG 20

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

	Name and Address:
"MGR" = Manager	
'MGRM" = Managing Member	
MGRM	Stephen Tindell
· · · · · · · · · · · · · · · · · · ·	292 Cloverdale Road
	Winter Haven, FL 33884
	
· · · · · · · · · · · · · · · · · · ·	
•	
LE V: Effective date, if other than refer to the date is listed, the date mu	the date of filing: (OPTIONA ust be specific and cannot be more than five busines.)
	ust be specific and cannot be more than five busines
LE V: Effective date, if other than fective date is listed, the date mor 90 days after the date of filing. REQUIRED SIGNATURE:	ust be specific and cannot be more than five business)
LE V: Effective date, if other than of fective date is listed, the date mor 90 days after the date of filing. REQUIRED SIGNATURE:	nber or an authorized representative of a member.
TEV: Effective date, if other than of the date is listed, the date mor 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a men constitutes an affirmation un I am aware that any false info	ust be specific and cannot be more than five business)
LE V: Effective date, if other than of the fective date is listed, the date mor 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a men constitutes an affirmation un I am aware that any false info	nber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)
Tective date is listed, the date mor 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a men (In accordance with section of constitutes an affirmation under the date of filing.) Stephen Tindell	nber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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