

# L13000176578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

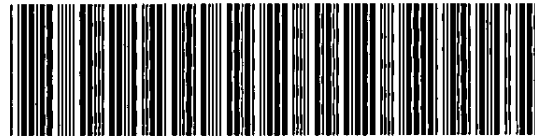
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300255013443

12/26/13--01002--025 \*\*130.00

EFFECTIVE DATE

1/1/14

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DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

2013 DEC 26 PM 12:18

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BUREAU OF CORPORATIONS  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

2013 DEC 26 PM 12:26

(850) 245-6051.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

PirP Plastering & Construction 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:

Cliff Partlow

Name of Person

Firm/Company

7215 Turner St.

Address

Tallahassee, FL 32311

City/State and Zip Code

cgp1722@gmail.com

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

For further information concerning this matter, please call:

Emily Partlow

Name of Person

at (850) 559-2872

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

EFFECTIVE DATE

1/1/14

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

P & P Plastering & Construction 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:

7215 Turner St.  
Tallahassee, FL 32311

#### Mailing Address:

Same

### 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:

Cliff Partlow

Name

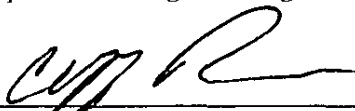
7215 Turner St.

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

Tallahassee FL 32311

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)

FILED  
2014 DEC 26 PM 12:26  
TALLAHASSEE, FL

13 DEC 26 PM 12:26

4-1-14  
2-1-14

**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

  MGRM  

**Name and Address:**

Cliff Partlow  
7215 Turner St.  
Tallahassee FL 32311

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

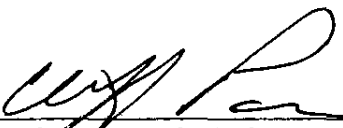
\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 1-1-14 (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.)

Cliff Partlow  
Typed or printed name of signer

**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)

13 DEC 26 PM 12:26  
RECEIVED  
CLERK OF THE  
SUPREME COURT  
STATE OF FLORIDA  
TALLAHASSEE, FL 32311