

#L 14000024503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

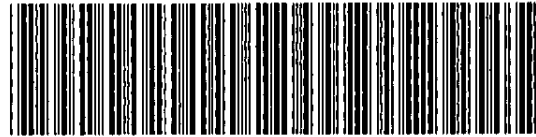
(Business Entity Name)

(Document Number)

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K. SALY
EXAMINER
FEB 12 2014

JAMES R. GUERINO

Requester's Name

6964 Azusa Rd.

Address

Tallahassee, FL 32317

City/State/Zip

Phone 933-0434

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Osceola Coatings LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)
5. _____
(Corporation Name) (Document #)
6. _____
(Corporation Name) (Document #)
7. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Mail out

☐ Pick up time _____

☐ Will wait

☐ Photocopy

☐ Certified copy

☐ Certificate of Status

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OSCEOLA COATINGS, 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:

1110 HICKORY AVE.

PANAMA CITY, FL. 32401

Mailing Address:

1110 HICKORY AVE.

PANAMA CITY FL. 32401

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:

JAMES R. GUERINO
Name

6964 AZUSA RD.
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32317
City Zip

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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 605, F.S.

James R. Guerino
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

Name and Address:

STEVEN J. GRINSLADE
1110 HICKORY AVE.
PANAMA CITY, FL. 32401

ANGELIA M. GRINSLADE
1110 HICKORY AVE
PANAMA CITY, FL. 32401

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

James R. Guerino

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

JAMES R. GUERINO

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)