L14000687890

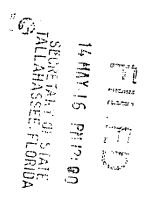
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
0
Special Instructions to Filing Officer:

Office Use Only



600260100296

05/16/14--01027--017 **130.00



J. Shivers MAY 2 3 2914

برديم

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	T: HARD SURFACE SOLUTIONS. Name of Li	LLC mited Liability Company	
The enclo	osed Articles of Organization and fee(s) a	re submitted for filing.	
Please ret	turn all correspondence concerning this n	natter to the following:	
	MARK W BAILEY	Name of Person	
	HARD SURFACE SOLUTIONS, L	LC Firm/Company	
	PO BOX 60013	Address	
	JACKSONVILLE, FL 32236	City/State and Zip Code	
kabı	productions@comcast.net E-mail address: (to be use	ed for future annual report notifica	tion)
For furthe	er information concerning this matter, ple	ease call:	
MARK E	AAILEY at (Name of Person	904) <u>742-1578</u> Area Code Daytime Tel	ephone Number
Enclosed	is a check for the following amount:		
\$125.00	Filing Fee \$\begin{align*}	□\$155.00 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 Adds Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
HARD SURFACE SOLUTIONS, LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8434 CROSS TIMBERS CT JACKSONVILLE, FL 32244	P.O. BOX 60013 JACKSONVILLE, FL 32236
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
WEHNER FINANCIAL SERVICE Name	ES LLC
515 COLLEGE DR	
Florida street address (P.O. Box 1	<u>VOT</u> acceptable)
MIDDLEBURG	FL 32068
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r605, F.S
Registered Agent's Signatu	re (REOUIRED)
(CONTINUE	ALLA SECO
Page 1 of 2	1887 - 5 F

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR Manager	MARK W BAILEY
	P.O. BOX 60013
	JACKSONVILLE, FL 32236
	
	
 	
(Use attachment if necessary)	
ective date is listed, the date must be sport filing.) E VI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 de
ective date is listed, the date must be sport filing.) E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 days
ective date is listed, the date must be sport filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me	ecific and cannot be more than five business days prior to or 90 days W. Ball mber or an authorized representative of a member.
EVI: Other provisions, if any. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60) constitutes an affirmation under I am aware that any false information constitutes a third degree felonger.	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a me (In accordance with section 60) constitutes an affirmation unde I am aware that any false inforaconstitutes a third degree felong	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
EVI: Other provisions, if any. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60) constitutes an affirmation under I am aware that any false information constitutes a third degree felonger.	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a me (In accordance with section 60: constitutes an affirmation under I am aware that any false infort constitutes a third degree felon MARK W. BAILE \$125.00 Filing Fee for Articles of Org	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.) EY Typed or printed name of signee Filling Fees:
REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under 1 am aware that any false infort constitutes a third degree felon. MARK W. BAILE	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.) EY Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent

ب نو

ARTICLE IV-