

L14 000112424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

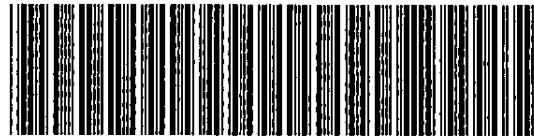
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JUL 16 PM 3:57

2545



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2014

JOSHUA WALKER
1918 SHADETREE WAY APT F
PALM SPRINGS, FL 33406

SUBJECT: TINT MASTERS OF PALM BEACH LLC
Ref. Number: W14000041343

We have received your document for TINT MASTERS OF PALM BEACH LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 714A00014458

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tint Masters of Palm Beach

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:

Joshua D. Walker

Name of Person

Firm/Company

1918 Shadetree Way Apt F

Address

Palm Springs, FL 33406

City/State and Zip Code

joshwalker1029@yahoo.com

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

For further information concerning this matter, please call:

Joshua D. Walker

Name of Person

at (561)

Area Code

633-2353

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)

☒ \$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

July 14, 2014

Joshua Walker
1918 Shadetree Way Unit: F
Palm Spring, FL 33406

Subject: Tint Masters of Palm Beach

This letter is state that I Joshua Walker authorized manager of Tint Masters of Palm Beach have no intention of reinstating the dissolved corporation name and therefore release the name for use to another entity.



Joshua Walker
Tint Masters of Palm Beach
Joshwalker1029@yahoo.com
561-633-2353

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tint Masters of Palm Beach, 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:

1918 Shadetree Way Unit F
Palm Springs, FL 33406

Mailing Address:

1918 Shadetree Way Unit F
Palm Springs, FL 33406

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:

Joshua D. Walker

Name

1918 Shadetree Way Unit F

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

Palm Springs

City

FL 33406

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 605, F.S.

Joshua Walker
Registered Agent's Signature (REQUIRED)

(CONTINUED)



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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Joshua D. Walker

1918 Shadetree Way Unit F

Palm Springs, FL 33406

(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:


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.)

Joshua D. Walker

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)