14000/40520

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Ві	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
,		
خير -	Office Use Only	



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09/05/14--01016--001 **155.00



SEP. 0 9 2014 D. BRUCE

EFFECTIVE DATE 09/03/14

COVER LETTER

2 ...

Division of Corporations			
SUBJECT: Andrew Carr's Custom Coating LI	<u>.c-</u>		
Name of Lim	ited Liability Company		
The enclosed Articles of Organization and fee(s) are	submitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Andrew Carr			
	Name of Person		
custom_coatings LLC			
	Firm/Company		
1322 chloe terr			
	Address		2014
sebringfl 33870			SEP
	ty/State and Zip Code	25 H	2
custom_coatings@outlook.com E-mail address: (to be used	for future annual report notifica	tion)	A
For further information concerning this matter, please	se call;		9: 20
Andrew Carr at (_8			
Name of Person	Area Code Daytime Tel	ephone Number	
Enclosed is a check for the following amount:			
□ \$125.00 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)	1

Mailing Address

toغټ

Registration Section

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

ARTICLE ! - Name: The name of the Limited Liability	Company is:		
Andrew Carr's Custom Coating (Must end wi	gs LLCth the words "Limited Lia	ability Company, "L.L.C.," c	or "LLC.")
ARTICLE II - Address: The mailing address and street add	ress of the principal offic	e of the Limited Liability Co	ompany is:
Principal Office Address:		Mailing Address:	
1322 Chloe Terr Sebring, FL 33870		1322 Chloe Terr Sebring, FL 33870	
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an act	annot serve as its own Re	Registered Agent's Signatu gistered Agent. You must de	re: signate an individual or
The name and the Florida street ad	dress of the registered ag	ent are:	
Andrew C	Carr Name		
<u>1322 chlo</u> Florida st	oe terr reet address (P.O. Box <u>N</u>	OT acceptable)	
sebring		FL 33870	
	City	Zip	
Having been named as registered the place designated in this cer capacity. I further agree to comp of my duties, and I am familiar	tificate, I hereby accept the ply with the provisions of a with and accept the obliga	e appointment as registered of all statutes relating to the pro	agent and agree to act in this per and complete performance
Rej	gistered Agent's Signatur	e (REQUIRED)	-
	(CONTINUEL Page 1 of 2		2014

14 SEP -5 AH 9: 20

EFFECTIVE DATE <u>09/03/14</u>

Title: "AMBR" = Authorize	Name and Address: d Member	
"MGR" = Manager MGR	Andrew carr	
AMBR	Leisa Carr	
		
(Use attachment if nec	ressary)	
EV: Effective date, if	other than the date of filing: 9-3-2014 (OPTIONAL	<i>.</i>)
ective date is listed, th	cessary) Cother than the date of filing: 9-3-2014	.) to or 90 (
EV: Effective date, if fective date is listed, the of filing.)	Optional other than the date of filing: 9-3-2014 (OPTIONAL de date must be specific and cannot be more than five business days prior to the date must be specific and cannot be more than five business days prior to the date must be specific and cannot be more than five business days prior to the date of filing: 9-3-2014	.) to or 90 (
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LE V: Effective date, if fective date is listed, the of filing.) LE VI: Other provisions REQUIRED SIGNA (In accordance constitutes a Lamaware)	TURE: Signature of a member or an authorized representative of a member. nee with section 605.0203 (1) (b), Florida Statutes, the execution of this document any false information submitted in a document to the Department of Statute of Statutes any false information submitted in a document to the Department of Statutes.	ment
LE V: Effective date, if fective date is listed, the of filing.) LE VI: Other provisions REQUIRED SIGNA (In accordance constitutes a Lam aware	TURE: Signature of a member or an authorized representative of a member. nee with section 605.0203 (1) (b), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true.	ment
LE V: Effective date, if fective date is listed, the of filing.) LE VI: Other provisions REQUIRED SIGNA (In accordance on stitutes a lam aware constitutes a	Signature of a member or an authorized representative of a member. nee with section 605.0203 (1) (b), Florida Statutes, the execution of this document any false information submitted in a document to the Department of Stat a third degree felony as provided for in s.817.155, F.S.)	ment

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