

L14000176209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

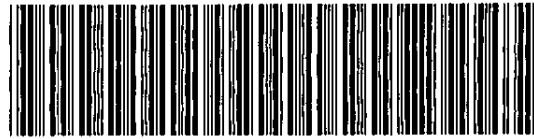
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Called 11/14/14  
Correct name  
should be without  
the "inc" & a  
comma, Not period  
after "Cuddy" & period  
after "SR."  
only



400263155604

10/08/14--01015--009 \*\*138.75

L14-176209

effective date  
11/10/14

RECEIVED  
FALLS CHURCH, VA  
14 OCT 2014 PM 4:00

FILED

NOV 14 2014

N. CAUSSEAU

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LARRY CUDDY.SR PAINTING, INC  
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:

LARRY CUDDY.SR

Name of Person

LARRY CUDDY.SR PAINTING, INC

Firm/Company

26235 E. COLONIAL DRIVE

Address

CHRISTMAS, ORLANDO, FL 32709

City/State and Zip Code

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

For further information concerning this matter, please call:

LARRY CUDDY.SR

Name of Person

at ( 407 ) 968-4440

Area Code

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LARRY CUDDY, SR. PAINTING L.L.C  
(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:

26235 E. COLONIAL DRIVE  
CHRISTMAS  
ORLANDO, FL 32709

Mailing Address:

26235 E. COLONIAL DRIVE  
CHRISTMAS  
ORLANDO, FL 32709

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:

LARRY CUDDY, SR  
Name

26235 E. COLONIAL DRIVE, CHRISTMAS  
Florida street address (P.O. Box NOT acceptable)

ORLANDO FL 32709  
City 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..*

Larry Cuddy, SR  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
14 OCT 8 PM 4:00  
SECRET  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

LARRY CUDDY SR  
26235 E COLONIAL DRIVE, CHRISTMAS  
ORLANDO, FL 32709

LARRY CUDDY SR, MGR

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11-10-14 (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Larry Cuddy SR

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.)

LARRY CUDDY SR

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)

FILED  
11 OCT 8 PM 4:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE