

L15000030456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE FLORIDA

FEB 19 2015

D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Albright Window Tinting LLC
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:

Tamara Albright
Name of Person

Firm/Company

PO Box 48782
Address

St Petersburg, FL 33743-8782
City/State and Zip Code

kmarkov@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Markovitch at (775) 727-9109
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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Tamara M Albright, President
Albright Window Tinting, Inc.
PO Box 48782
St Petersburg, FL 33743


January 23, 2015

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: L22446 - Dissolution

Please be advised that I have dissolved my corporation, Albright Window Tinting, Inc. as of 1/23/15 and do not wish to revoke this dissolution. I am starting a new entity Albright Window Tinting LLC.

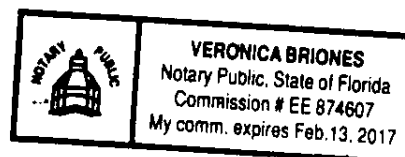
I hereby swear and affirm that the above information is accurate.


Tamara M Albright, President

State of Florida
County of Pinellas

I hereby affirm that Tamara M Albright personally appeared before me and provided FL Drivers License as proof of identity. Sworn and subscribed before me this 27th day of January, 2015.


Notary Public



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TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Albright Window Tinting, 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:

Mailing Address:

5516 63rd Way N

St Petersburg, FL 33709

PO Box 48782

St Petersburg, FL 33743-8782

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:

Tamara M Albright

Name

5516 63rd Way N

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

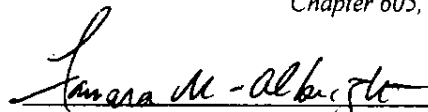
St Petersburg

City

FL 33709

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILE
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CLERK OF COURT
HILLSBOROUGH COUNTY
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

MGR

Name and Address:

Tamara M Albright

5516 63rd Way N

St Petersburg, FL 33709

MGR

Benjamin M Albright

5516 63rd Way N

St Petersburg, FL 33709

MGR

Katelyn Albright

5516 63rd Way N

St Petersburg, FL 33709

(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.)

Tamara M Albright

Tamara M Albright
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)

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DEPT STATE
TALLAHASSEE
FLORIDA