## L15000077039

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>		





700271724887

04/23/15--01031--011 \*\*130,00

15 APR 23 PH I2: 2

MAY - 1 2015

T. BROWN

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FOH FULL FINISMES 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:
Jerry C. Dowell Name of Person
FOITHFULL FINISMES LLC Firm/Company
1100 Country Borrolons Laine
FORT PIEVCE, FL 340182  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (772) 801-4001  Area Code Daysime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee S2 S130.00 Filing Fee S2 Certificate of Status S2 Certificate of S4 Certificate

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

(additional copy is enclosed)

Tallahassee, FL 32301

## ARTICLE I - Name: The name of the Limited Liability Company is: (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: Mailing Address: ARTICLE III - Registered Agent Registered Office & Registered Agent's Signature.

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.)

Having been named as registered agent and to accept service of process for the above stated limited Eability 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 a coept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u> </u>	Name and Address:
MGR"=Manager <u>Authorized</u> Lepresentative	Jerry Daviell
	Michelle Dougell
<u>Manager</u>	1199 COUT + 1 1501 CESS FT. PIECCE, FL 340182
Use attachment if necessary)  V: Effective date, if other than the date tive date is listed, the date must be sp filing.)	e of filing:
V: Effective date, if other than the date tive date is listed, the date must be sp filing.)	
V: Effective date, if other than the date tive date is listed, the date must be spilling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date tive date is listed, the date must be spuling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date tive date is listed, the date must be specifing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a medical constitutes an affirmation and	ecific and cannot be more than five business days prior to or 9  Docull  ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the date tive date is listed, the date must be specifing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a medical constitutes an affirmation under a medical constitutes and affirmation under a medical constitutes and affirmation under the constitutes and affirmation u	Dowll ember or an authorized representative of a member.  2. Dowll ember or an authorized representative of a member.  25.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the date tive date is listed, the date must be spilling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a medical constitutes an affirmation under a may realise information and a secondarion that any false information and a secondarion.	ecific and cannot be more than five business days prior to or 9  Docuble  ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.  I marion submitted in a document to the Department of State
V: Effective date, if other than the date tive date is listed, the date must be spaning.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a median accombance with section 64 constitutes an affirmation under a may are that any fase inforceonstitutes a third degree felor	ember or an authorized representative of a member.  25.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true, maxion submitted in a document to the Department of State my as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:
/: Effective date, if other than the date we date is fisted, the date must be spiling.)  /I: Other provisions, if any.  **COUIRED SIGNATURE:  Signature of a mediance with section 66 constitutes an affirmation undit am aware that any false infor constitutes a third degree felor	ember or an authorized representative of a member.  25.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, remains submitted in a document to the Department of State my as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees: ganization and Designation of Registered Agent

Page 2 of 2