

L15 000085617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

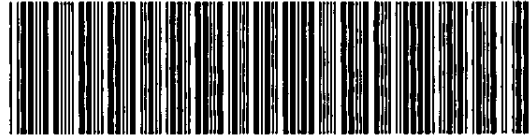
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600270940306

03/25/15--01020--008 **125.00

FILED
15 MAY -8 AM 8:57
SECRETARY OF STATE
MILWAUKEE, WISCONSIN

15 MAY 14 2015

627



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2015

ALAN PARKER
1850 NE 159 AVE
WILLISTON, FL 32696

SUBJECT: A BETTER LOOK PAINTING AND REPAIR LLC
Ref. Number: W15000026235

We have received your document for A BETTER LOOK PAINTING AND REPAIR LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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: 815A00007520

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A Better Look Painting and Repair 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:

Alan Parker

Name of Person

A Better Look Painting and Repair LLC

Firm/Company

1850 NE 159 ave

Address

Williston, FL 32696

City/State and Zip Code

alanrparker@yahoo.com

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

For further information concerning this matter, please call:

Alan Parker

Name of Person

at (352) 284-8557

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:

A Beter Look Painting and Repair 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:

1850 NE 159 ave
Williston, FL 32696

Mailing Address:

same as principle address

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:

Alan Parker

Name

1850 NE 159 ave

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

Williston, FL 32696


FL

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 606, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
15 MAY -8 AM 8:57
SECRETARY OF STATE
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

MGR

Name and Address:

Alan Parker

1850 NE 159 ave

Williston, Fl 32696

MGR

Heather Parker

1850 NE 159 ave

Williston, Fl 32696

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ~~2014~~ (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.)

Alan Parker

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
15 MAY - 8 AM 8:57
DEPT OF STATE
TALLAHASSEE, FLORIDA