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(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE

15 JUL -6 AM 9: 4



COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	PHOENIX HULL CLEANING L	LC	
SUBJEC		Limited Liabil	ity Company
The enclo	sed Articles of Organization and fee(s) are submitted	for filing.
Please reti	urn all correspondence concerning this	s matter to the 1	ollowing:
	ROBERT L. JOHNSON		
		Name of	Person
	PHOENIX HULL CLEANING		
		Firm/Co	mpany
	6832 RACCOON CT		•
		Addr	ess
	MELBOURNE, FL 32940		
	PHOENIX65@ATT.NET	City/State an	d Zip Code
	E-mail address: (to be u	sed for future a	nnual report notification)
For further	information concerning this matter, pl	ease call:	
	ROBERT LJOHNSON	321	917-7854
	Name of Person		Daytime Telephone Number
Enclosed	is a check for the following amount:		•
 \$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	LCertifi	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY APPL

APPHOVEL AND FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

15 JUL -6 AM 9: 45

PHOENIX HULL CLEANING LI	LC	L	G	V	11	٧	۱١	JEA	CI	L	L	U	ľ	Н	ĺΧ	N.	E	HC.	ы	
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(Must end with the words "Limited Liability Company, "L.L.C.," or "LLALAHASSEE SLOBID

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	<u>Mailing Address</u> :
6832 RACCOON CT	6832 RACCOON CT
MELBOURNE, FL 32940	MELBOURNE, FL 32940

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:

ROBERT L JOHNSO	ON	
	Name	
6832 RACCOON CI		
Florida street address	s (P.O. Box NOT ac	cceptable)
MELBOURNE	FL	32940
City	State	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 peristered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability CompanyLED

	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	15 JUL -6	AM 9: 45
	"MGR" = Manager			
	MGR	ROBERT L JOHNSON	SECRETARY	OF STATE
		6832 RACCOON CT MELBOURNE, FL 32940	TALLAHASSE	F ATOMITM
		MECBOURNE, FL 32940		
	AMBR	TIMMOTHY J SMITH		
		435 GREEN TURTLE CV		
		SATELLITE BEACH, FL 32937		
	(Use attachment if necessary)			
he da <u>Note:</u>	te of filing.)	be specific and cannot be more than five business a not meet the applicable statutory filing requirement ment of State's records.	•	•
ARTI	CLE VI: Other provisions, if any.			
				
	REQUIRED SIGNATURE:	A Z		
	This document is I am aware that a	f a member or an authorized representative of a executed in accordance with section 605.0203 (1) (by false information submitted in a document to the Edegree felony as provided for in s.817.155, F.S.), Florida Statutes.	
	ROBERT	.JOHNSON		
		Typed or printed name of signee	.	
		71 1		

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)