

L15000129143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

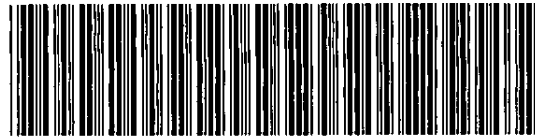
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF  
15 JUL 30 AM 11:20  
TO CONVICTION  
SUFFICIENCY OF FILING

APPROVAL  
AND  
FILED  
15 JUL 30 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7/30/15

APPROVED  
AND  
FILED

COVER LETTER

15 JUL 30 AM 11:36

TO: Registration Section  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT:

M.C.'s Remolding & More  
Name of Limited Liability Company

LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenneth T. Curry  
Name of Person

Firm/Company

114 Totem Trail  
Address

Tallahassee, FL 32317  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kenneth Curry at ( 850 ) 509-7580  
Name of Person 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**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED  
AND  
FILED

15 JUL 30 AM 11:36

ARTICLE I - Name:

The name of the Limited Liability Company is:

H.C.'s Remolding & More LLC  
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

114 Totem Trail  
Tallahassee, FL 32317

Mailing Address:

114 Totem Trail  
Tallahassee, FL 32317

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:

Kenneth Curry  
Name  
114 Totem Trail  
Florida street address (P.O. Box NOT acceptable)  
Tallahassee FL 32317  
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 registered agent as provided for in Chapter 605, F.S.

Kenneth Curry  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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AND  
FILED

**ARTICLE IV-**

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

15 JUL 30 AM 11:36

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AMBR  
  
MGR

Kenneth Curry  
114 Totem Trail  
Tallahassee, FL 32317  
Jasmine Williams  
1024 Longstreet Drive  
Tallahassee, FL 32311

(Use attachment if necessary)

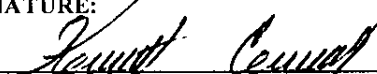
**ARTICLE V:** Effective date, if other than the date of filing: 7 (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Kenneth Curry  
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)