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(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Stan Donalson froming & remodeling 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:					
Stan Donalson Name of Person					
Firm/Company					
100 Purisi Ray Rad					
100 Pwify Bay Bol Address					
Crawforduille, f. 32327 City/State and Zip Code Ston 607 hoho@gmail-com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Stan Donalson at (850) 491-9007 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 (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)					
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, Ff. 32301					

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I - Name:

The name of the Limited Liability Company is:

15 OCT -8 AM 8: 26

Stan Donalson framing & Temodeling LL Children in State (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:		
100 Purify Bay Rd	100 Purify Bay Rd		
Crowfordville, FL 32327	Crawfordville, FL 32327		

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:

Stan Donalson							
Name							
100	Pwify	Bay	Rol				
Florida street address (P.O. Box NOT acceptable)							
Craw	Oford ville	, FL	32327				
C	City S	tate	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)

Page 1 of 2



	The name and address of e	each person authorized to	o manage and control the Limited L	iabillis (Minhang	AM 8: 27
	Title: "AMBR" = Authorized M "MGR" = Manager	ember	Name and Address:	SECRE RUN 1	I STATE
	AMBR		Stan Donalson 100 Purity Bay Crawfordvills F	Rd C 32327	
	(Use attachment if necessar	ary)			
(If an ef the date <u>Note:</u> I	fective date is listed, the da of filing.)	ate must be specific and lock does not meet the a	cannot be more than five busines pplicable statutory filing requiremerecords.	s days wior to or 90	•
ARTIC	LE VI: Other provisions, if	any.			
	This docu I am awar constitute	nature of a member or ament is executed in acce te that any false informat s a third degree felony a	an authorized representative of a ordance with section 605.0203 (1) ion submitted in a document to the s provided for in s.817.155, F.S.	(b), Florida Statutes.	
	<u></u>	Stan Donal Typed	SON 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)