L15000174441

(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:
LLC

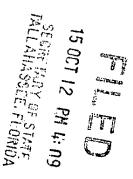
Office Use Only



800275432578

09/08/15--01031--005 **160.00

1215-61402



T. Buren (10) 1.4.2015

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Davis Painting and Pressure Washing 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:
Mart Alan Davis Name of Person
Davis Painting & Pressure Washing Firm/Company
778 Scenic Gulf Dr Unit A410
Miramar Brach F/. 32550 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mort Davis at (423) 458-0846 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 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 17, 2015

MART ALAN DAVIS 778 SCENIC GULF DR UNIT A410 MIRAMAR BEACH, FL 32550

SUBJECT: DAVIS PAINTING & PRESURE WASHING LLC

Ref. Number: W15000061402

We have received your document for DAVIS PAINTING & PRESURE WASHING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

Please return 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) 245-6052.

Tim Burch Regulatory Specialist II

त्र एक विश्वकृष्ट । शुरू । इ.स.च्या १९८८ व्या

on proceduration resides with the engage of measurement. Making the master with the

Letter Number: 415A00019633

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is: One of
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: 778 Scenic Gulf Dr. 778 Scenic Gulf D. Onlt 14 Unit 1410 Miramar Beach 12. 32550 Mailing Address: Mailing Address: Miramar Beach 14 Miramar Beach 52 32550
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: Mart Alan Davi's Name 778 Scenic Gulf Dr. Unit A410 Florida street address (P.O. Box NOT acceptable) Miramar Brach 17. 32550 City State Zip
laving been named as registered agent and to accept service of process for the above stated limited liability company at the lace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I wither agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I m familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, ISS Registered Agent's Signature (REQUIRED)

Page 1 of 2

 $\mathcal{L}_{\tau_{k}}(\mathcal{Y}_{\tau_{k}})$

ARTICLE IV
The name and

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Mart Alan Davis
	778 Scenic Gult Dr. Unit A 410 Miramar Boach FL. 32550
	Aron 3
(Use attachment if necessary)	F STATE FEGRIDA
the date of filing.) Note: If the date inserted in this block does not meet the	c (OPTIONAL) and cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of State ARTICLE VI: Other provisions, if any.	s records.
MAFT'S Painting	and Pressure Washing
REQUIRED SIGNATURE:	N DAVIS
Signature of a member of This document is executed in act I am aware that any false information.	r an authorized representative of a member. coordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)