

L15000177756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

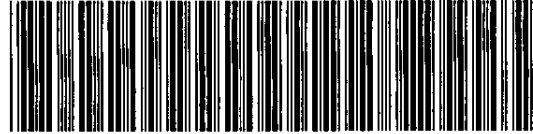
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/14/15--01024--017 **160.00

W15-62521

FILED
15 OCT 15 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L. Bush OCT 20 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Perfect Fit, 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:

Floyd M. Shiver, Jr.

(Name of Person)

Perfect Fit, LLC

(Firm/Company)

703 Fort Florida Road

(Address)

DeBary, FL 32713

(City/State and Zip Code)

For further information concerning this matter, please call:

Floyd M. Shiver, Jr.

(Name of Person)

at (904) 576-5799

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 OCT -1 AM 11:54

September 22, 2015

FLOYD M. SHIVER, JR
703 FORT FLORIDA ROAD
DEBARY, FL 32713

SUBJECT: PERFECT FIT, LLC
Ref. Number: W15000062821

We have received your document for PERFECT FIT, 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.

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

Letter Number: 915A00019952



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 OCT 15 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 2, 2015

FLOYD M. SHIVER, JR.
703 FORT FLORIDA ROAD
DEBARY, FL 32713

SUBJECT: A PERFECT FIT, LLC
Ref. Number: W15000062821

We have received your document for A PERFECT FIT, 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):

You failed to make the correction(s) requested in our previous letter.

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.

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

Letter Number: 015A00020888

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Perfect Fit Remodeling, LLC

~~A Perfect Fit, LLC~~

~~A Perfect Fit, LLC RMS~~

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

703 Fort Florida Road, DeBary, FL 32713

Mailing Address:

same

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:

Christen A. Boals

Name

901 North Lake Destiny Road, Ste 450

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

Maitland, FL 32751

City, State, and 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 608, F.S..

Christen A. Boals

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Floyd M. Shiver, Jr.

703 Fort Florida Road

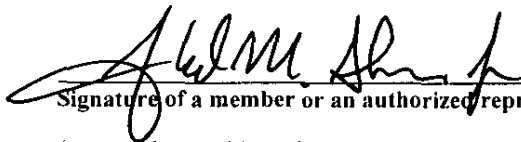
DeBary, FL 32713

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Floyd M. Shiver, Jr.

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 OCT 15 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA