

L15000187952

(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

W1500059755

NOV 06 2015

T. SCOTT



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09/02/15--01009--019 **125.00

15 OCT 21 AM 11:40



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2015

RECEIVED OCT 2 1 2015

LUCIAN GRAY
GRAYS' PAINTING & REPAIR LLC
12006 FERNDAL ST
FOUNTAIN, FL 32438

SUBJECT: GRAYS' PAINTING AND REPAIRS LLC
Ref. Number: W15000059755

We have received your document for GRAYS' PAINTING AND REPAIRS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Registered agent must have a Florida street address and member must print name below signature.,

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.

Tyrone Scott
Regulatory Specialist II

Letter Number: 515A00019109

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GRAY'S PAINTING AND REPAIRS 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:

LUCIAN B GRAY JR

Name of Person

Firm/Company

12006 FERNDAL ST

Address

FOUNTAIN, FL 32438

City/State and Zip Code

LUCIAN.GRAY@ATT.NET

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

For further information concerning this matter, please call:

LUCIAN GRAY

850

303-4171

at ()

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

GRAY'S PAINTING AND REPAIR LLC

(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:

12006 FERDALE ST

FOUNTAIN, FL 32438

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:

LUCIAN B GRAY JR

Name

12006 FERDALE ST

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

FOUNTAIN

FL

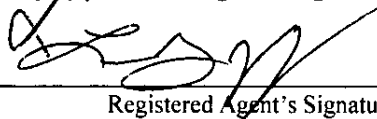
32438

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

15 OCT 21 AM 11:40

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

PRES

Name and Address:

LUCIAN B GRAY JR

12006 FERNDAL ST

FOUNTAIN, FL 32428

(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.)

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.

LUCIAN B GRAY 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)