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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	gistration Section vision of Corporations			
SUBJECT:	Carlton Hancy Garage Door Repair	, LLC		
SUBJECT.	y Company			
The enclose	d Articles of Organization and fee(s)	are submitted for	or filing.	
Please retur	n all correspondence concerning this r	matter to the fo	llowing:	
	Ceressa Haney			
		Name of P	erson	-
	Carlton Haney Garage Door Repair I	LLC		
		Firm/Com	pany	_
	171 Staten Road			
		Addres	558	_
	Crawfordville, FL 32327			
(earltonhaney@embarqmail.com	City/State and	Zip Code	-
_	E-mail address: (to be use	ed for future an	nual report notification)	_
For further in	formation concerning this matter, plea	ase call:		
		850	766-6861	
-		Area Code	Daytime Telephone Number	
Enclosed is	a check for the following amount:			
\$125.00 Fil		Certified	Silling Fee & Silling Fee, Certificate of Status (Copy is enclosed) Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section Division of Corporations P.O. Roy 6327	N E	Street Address New Filing Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:						
ith the words "Limited	d Liability Comp	any, "L.L.C.," or "LLC.")				
dress of the principal o	office of the Limi	ted Liability Company is:				
I Office Address:		Mailing Address:				
	1	71 Staten Road				
327		rawfordville, 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:						
Ceressa Hancy						
	Name					
171 Staten Road						
Florida street address (P.O. Box NOT acceptable)						
Crawfordville	FL	32327				
City	State	Zip				
	e Door Repair, LLC with the words "Limited dress of the principal of 1 Office Address: 327 nt, Registered Office, cannot serve as its own ctive Florida registration ddress of the registere Ceressa Hancy 171 Staten Road Florida street address Crawfordville	e Door Repair, LLC with the words "Limited Liability Compained and the principal office of the Limited Liability Compained and the principal office of the Limited Limited Address: 1	e Door Repair, LLC with the words "Limited Liability Company, "L.L.C.," or "LLC.") dress of the principal office of the Limited Liability Company is: 1 Office Address: Mailing Address: Mailing Address:			

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..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

	Title:	Name and Address:
	"AMBR" = Authorized Membe	
	"MGR" = Manager	
	AMBR	Carlton Lee Haney
		171 Staten Road Crawfordville, FL 32327
		Crawtoruvine, FL 32321
	AMBR	Ceressa Haney
	171 Staten Road	
		Crawfordville, FL 32327
		
	(Use attachment if necessary)	
	,	
ARTIC	CLEV: Effective date, if other than	the date of filing: (OPTIONAL)
		ist be specific and cannot be more than five business days prior to or 90 days after
	e of filing.)	
		oes not meet the applicable statutory filing requirements, this date will not be listed as
ine doc	cument's effective date on the Dep	ariment of State's records.
ARTIC	CLE VI: Other provisions, if any.	
_		
	REQUIRED SIGNATURE:	
	7 (10 %)	Ila Ultaney
	Street Ann	e 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
	constitutos o thi	rd degree felony as provided for in s.817.155, F.S.

ARTICLE IV-

Page 2 of 2

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)

Typed or printed name of signee