

(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



000286016490

05/20/16--01001--011-16**125.00

APPROVED
AND
FILED
16 MAY 20 PM 12:31
\$125.00
011
STATE OF FLORIDA
TALLAHASSEE

RECEIVED
DEPARTMENT OF STATE
16 MAY 20 PM 12:19

MAY 20 2016

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JSM PAINTING AND INTERIOR FINISHING, 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:

YVES J. ANGLADE
Name of Person

Firm/Company

7642 TANYA CT
Address

TALLAHASSEE, FLORIDA 32317
City/State and Zip Code

YJANGLADE@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YVES J. ANGLADE at (786) 374-6670
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:

JSM PAINTING AND INTERIOR FINISHING, 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:

7642 TANYA CT
TALLAHASSEE, FLORIDA
32317

PO BOX 1032
TALLAHASSEE, FLORIDA
32302

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:

YVES T. ANGLADE
Name

7642 TANYA CT
Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE FLORIDA 32317
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.

Yves Anglade
Registered Agent's Signature (REQUIRED)

(CONTINUED)

RECEIVED
JUL 14 2016
TALLAHASSEE, FLORIDA

16 MAY 20 PM 12:31

APPROVED
AND
FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

YVES J. ANGLADE
7642 TANYA CT
TALLAHASSEE, FLORIDA 32317

(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.

YVES J. ANGLADE

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)

16 MAY 20 PM 3:31
FILED
AND
APPROVED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE