# L16000114782

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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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### **COVER LETTER**

TO: Registration Division of C	Section Corporations		
SUBJECT:		e Implovement nited Liability Company	<u>-5 "L</u> .L.C",
The enclosed Articles	of Organization and fee(s) ar	e submitted for filing.	
Please return all corres	spondence concerning this m	atter to the following:	
Rich	MARD 1- 5.	Temp Hoskel	
	,	Name of Person	-
Ka	nd B bon	E Implove Man Firm/Company	75
/33	4 ST. Andre		00 A.
0		Address	
fan	ama CITY	City/State and Zip Code	32405-
LE.	KP1/69 9.	+ G-MAIC	
	P-mail address: (to be used	for future annual report notificat	ion)
For further information	concerning this matter, pleas	e call:	
Rick !	STEMP Has KEnt (S	rea Code Daytime Telephon	35-40 le Number
		Bujtimo retepnos	
Enclosed is a check for	r 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 Tallahassec, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 21, 2016

RICHARD T STEMPHOSKI 1334 SAINT ANDREWS BLVD LOT A PANAMA CITY, FL 32405

SUBJECT: R AND B HOME IMPROVEMENTS

Ref. Number: W16000029885

We have received your document for R AND B HOME IMPROVEMENTS and your check(s) totaling \$130.00. 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 the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return the corrected original and one copy of 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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 816A00008328

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Blue watth 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:  133451. Andrews MUP. 133451. Andrews Blup.  Fanance City, Florent Planace City, Florent A  32405 Lot A  32405 Lot A
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:    LLC
Allena City Florida 32-65 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. A. Registered Agent & Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

ARTICLE IV-	fasah narran authariya	d to manage and control the Li	lmitad Liability Company	FILED
Title: "AMBR" = Authorized )		Name and Address:	16 JUA	114 PM 4:38
"MGR" = Manager	vielinder	RICHMO 1	1- STOALIAN	TARY OF STATE
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ARTICLE V: Effective date, if of (If an effective date is listed, the of the date of filing.)  Note: If the date inserted in this the document's effective date on ARTICLE VI: Other provisions, in	date must be specific a block does not meet the the Department of State	nd cannot be prore than five to e applicable statutory filing rec	business days prior to o	·
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<u>REOUIRED</u> SIGNATI	JRE:	MeAL	<i>'</i>	
This doe I am awa	cument is executed in a are that any false information third degree falons	or an authorized representate accordance with section 605.02 nation submitted in a document y as provided for in s.817.155.	203 (1) (b), Florida Statut It to the Department of St	
4	RIC HANG	ed or printed name of signee	pHosker	-
\$125.00 Filing Fee for \$ 30.00 Certified Cop \$ 5.00 Certificate of	oy (Optional)	Filing Fees: tion and Designation of Regi	stered Agent	