

L 6000 119273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

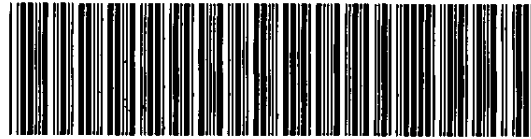
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/08/16--01014--015 **130.00

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16 JUN 23 PM 2:49

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JUN 23 2016
CLERK OF COURT

6/24/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Northwest Florida Coatings and Waterproofing
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:

Stephanie Lucia Roberts

Name of Person

Northwest Florida Coatings and Waterproofing

Firm/Company

6531 Pridgen Street

Address

Panama City, FL 32404

City/State and Zip Code

robertscuba1975@gmail.com

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

For further information concerning this matter, please call:

Jose E. Roberts

850

276-8283

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

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SECRETARY OF STATE

16 JUN 23 PM 12:36

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16 JUN 23 PM 2:49



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2016

STEPHANIE LUCIA ROBERTS
6531 PRIDGEN STREET
PANAMA CITY, FL 32404

SUBJECT: NORTHWEST FLORIDA COATINGS & WATERPROOFING LLC
Ref. Number: W16000042937

We have received your document for NORTHWEST FLORIDA COATINGS & WATERPROOFING LLC 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 document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 816A00012446

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16 JUN 23 PM 2:49
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Northwest Florida Coatings and Waterproofing L.L.C.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

6531 Pridgen Street

Panama City, FL 32404

Mailing Address:

6531 Pridgen Street

Panama City, FL 32404

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:

Jose Roberts

Name

6531 Pridgen Street

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

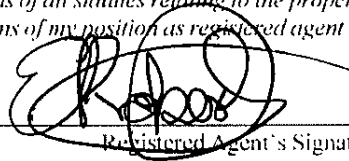
Panama City, FL 32404

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Stephanie Lucia Roberts

6531 Pridgen Street

Panama City, FL 32404

MGR AMBR

Jose Roberts

6531 Pridgen Street

Panama City, FL 32404

(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.)

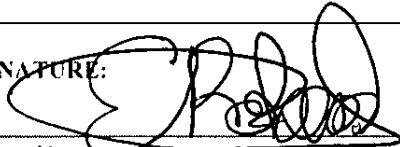
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

We have already paid the fee's and will not remit again. We are a minority business. Cuban male and Cuban female.

Reference# W16000042937

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.

Jose E. Roberts

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA