

L 16000132560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

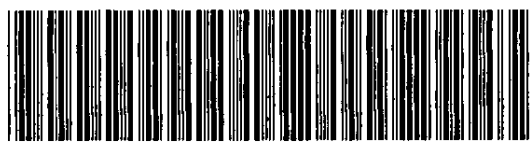
(Document Number)

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WP-46743



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06/23/16--01006--021 **130.00

16 JUL 18 AM 11:11
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 06-23-16 BY 60322/UC/BAW

JUL 5 2017

S. GILBERT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2016

GLORIA GEBHARD
820 ROYALTON ROAD
ORLANDO, FL 32825

SUBJECT: FANTASTIC HOME SOLUTIONS LIMITED LIABILITY COMPANY
Ref. Number: W16000046743

RECEIVED
JUL 18 PM 4:28

We have received your document for FANTASTIC HOME SOLUTIONS LIMITED LIABILITY COMPANY 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 must be signed by a member or an authorized representative of a member.

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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 316A00013974

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fantastic Home Solutions, Limited Liability Company
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:

Gloria Gebhard

Gloria Gebhard, Registered Agent

Name of Person

Fantastic Home Solutions, LLC

Firm/Company

820 Royalton Road

Address

Orlando, FL 32825

City/State and Zip Code

JayGeb.123@gmail.com

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

For further information concerning this matter, please call:

Gloria Gebhard

407

683 5438

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:

16 JUL 18 AM 11:08

Fantastic Home Solutions Limited Liability Company

(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:

820 Royalton Road
Orlando, FL 32825

820 Royalton Road
Orlando, FL 32825

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:

Gloria Gebhard

Name

820 Royalton Rd

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

Orlando

FL

32825

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..

Gloria Gebhard, Registered Agent

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

MGR, AMBR

Name and Address:

Gloria Gebhard

820 Royalton Rd

Orlando, FL 32825

AMBR

Lewis J Gebhard

820 Royalton Rd

Orlando, FL 32825

(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:

Gloria Gebhard

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.

Gloria Gebhard

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)