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COVER LETTER

10.	Division of Corporations
SUBJEC	J.G.T Coatings and Finishes, LLC
SUBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Jason Turner
	Name of Person
	J.G.T. Coatings and Finishes, LLC
	Firm/Company
	4443 Beneva Road
	Address
	Sarasota, FL 34233
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	Jason Turner 941 323-4867
	Name of Person Area Code Daytime Telephone Number
Enclosed	d is a check for the following amount:
] \$125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ Certified

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

RTICLE I - Name: . he name of the Limited Liability	y Company is:		
•	, ,		
J.G.T. Coatings and F	inishes, LLC		
(Must end v	vith the words "Limited L	iability Company	/, "L.L.C.," or "LLC.")
RTICLE II - Address:			
e mailing address and street ad	dress of the principal offi	ce of the Limited	Liability Company is:
<u>Principa</u>	al Office Address:		Mailing Address:
4443 Beneva Road		4443	Beneva Road
Sarasota, FL 34233			Dr. 0.1000
RTICLE III - Registered Age		Registered Age	
RTICLE III - Registered Age	cannot serve as its own R ctive Florida registration.	Registered Ager egistered Agent.	
RTICLE III - Registered Age he Limited Liability Company other business entity with an action	cannot serve as its own R ctive Florida registration.	Registered Ager egistered Agent.	nt's Signature:
RTICLE III - Registered Age he Limited Liability Company other business entity with an action	cannot serve as its own R ctive Florida registration. ddress of the registered a	Registered Ager egistered Agent.	nt's Signature:
RTICLE III - Registered Age he Limited Liability Company other business entity with an action	cannot serve as its own R ctive Florida registration. ddress of the registered a	Registered Agent.) gent are:	nt's Signature:
RTICLE III - Registered Age he Limited Liability Company other business entity with an action	cannot serve as its own R ctive Florida registration. ddress of the registered a Jason Turner	Registered Ageregistered Agent.) gent are:	nt's Signature: You must designate an individual or
RTICLE III - Registered Age he Limited Liability Company other business entity with an action	cannot serve as its own R ctive Florida registration. ddress of the registered a Jason Turner	Registered Ageregistered Agent.) gent are:	nt's Signature: You must designate an individual or

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)

Page 1 of 2

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Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
MGR	Jason Turner 4443 Beneva Road		
<u></u>			
 			
			
(Use attachment if necessary)			
•			
an effective date is listed, the date must be s date of filing.) te: If the date inserted in this block does not	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after t meet the applicable statutory filing requirements, this date will not be listed as		
document's effective date on the Departmer	nt of State's records.		
TICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:	son June		
	nember or an authorized representative of a member.		
This document is exec	cuted in accordance with section 605.0203 (1) (b), Florida Statutes.		
I am aware that any fal	Ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.		
constitutes a tiffe degi	tee telony as provided for in s.o.17.133, r.s.		
Jason Turner			
	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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