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DIVISION OF CORPORATIONS
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09/29/16

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:

(Name of Limited Liability Company) González Painting & More, 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:
(Name of Person) Efrain González Carrasco

Name of Person

(Firm/Company) González Painting & More, LLC

Firm/Company

(Address)

Address

(City/State and Zip Code)

City/State and Zip Code
(E-mail address: (to be used for future annual report notification)
efrain270970@gmail.com

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

For further information concerning this matter, please call:

at ()
(Name of Person) Efrain González Carrasco

Name of Person
(Area Code) 813
Area Code
(Daytime Telephone Number) 516-9593
Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &

\$155.00 Filing Fee &

\$160.00 Filing Fee,

Certificate of Status

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Certified Copy

(additional copy is enclosed)

Mailing Address Street Address

New Filing Section New Filing Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building

Tallahassee, FL 32314 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:
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC") González
Painting & More, 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:
(Principal Office Address [1]) None
(Principal Office Address [2])
(Principal Office Address [3])
Mailing Address:
(Mailing Address [1]) 1009 Bridlewood Way Brandon FL. 33511
(Mailing Address [2])
(Mailing Address [3])

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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:
(Name) Efrain González Carrasco

Name
(Florida street address (P.O. Box NOT acceptable) 1009 Bridlewood Way

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

(City) Brandon

City
(State) FL
State
(Zip) 33511
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..
(signature)



Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

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

Title: Name and Address:

([1])

([3])

([2]) 1009 Bridlewood Way Brandon FL.33511

([1]) Efrain González Carrasco

"AMBR" = Authorized Member

([3])

([2])

"MGR" = Manager

(undefined)

(MGR" = Manager) CEO

(undefined)

(undefined)

([1])

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(Use attachment if necessary)

([3])

([2])

ARTICLE V:

([1])

([2])

([3])

Effective date, if other than the date of filing:

(OPTIONAL)

. (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.

(ARTICLE VI: Other provisions, if any [1])

(ARTICLE VI: Other provisions, if any [2])

(ARTICLE VI: Other provisions, if any [3])

REQUIRED SIGNATURE:

(signature)



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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.
(constitutes a third degree felony as provided for in s.817.155, F.S)

Typed or printed name of signee

Efrain Gonzalez

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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