L16000219087

(Requestor's Name)			
(Address)			
· (Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
<u>.</u>			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
·			

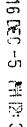
Office Use Only



900291942569

12/05/16--01017---008 **125.00







TO BE BENEVATED TO SERVICE OF THE SE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Gator Point's finest Name of Limited Liability (Repair, LLC		
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Jesse L. Pull Name of Per	nam rson		
Firm/Comp	any .		
1458 Alliqutor Address	- De		
Pankcea / F.L. / 3234 6 City/State and Zip Code J man 5387 @ gmail · Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Jesse Pulham at (850) Name of Person Area Code	879-999 Daytime Telephone Number		
Enclosed is a check for the following amount:			
Certificate of Status Certified	Filing Fee & \$160.00 Filing Fee, Copy copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)		
New Filing Section Ne Division of Corporations Di P.O. Box 6327 Cl Tallahassee, FL 32314 26	reet Address www.Filing.Section wision of Corporations ifton Building 61 Executive Center Circle allahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Gator Po, NT'S Finest Prepair LL C (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:	•		
1458 Alligator DR Same as Panacin J. Ft. 32346	 .		
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:	50	ਲ	
Jesse L. Pulhum Name 1458 Alliquita PR Florida street address (P.O. Box NOT acceptable) Punacen F.L. 32344 City State Zip	ALLARSSET FIGHIDA	3 DEC -5 PH 12:35	きる。
Ony Dance Lip	•		

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
• •	
MGL	Jesse L. Pulhan
	Punacia,) F.L. 32345
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filing:	
the date of filing.)	I cannot be more than five business days prior to or 90 days aft applicable statutory filing requirements, this date will not be listed a records.
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	in Pull
Signature of a member or This document is executed in acc	an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes

Filing Fees:

I am aware that any false information submitted in a document to the Department of State

Sc. t. Pulham
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)