LIT000000 727

(Requ	uestor's Name)	
(Addi	ress)	
(Add	ress)	_
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	me)
(Doc	ument Number)	<u></u>
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only

N. SAMS JAN 4 2017



200293717372

01/03/17--01033--002 **125.00

TAN -3 PH 5: 0
SEGRETARE SECRETARE
ALLAHIES SEE EL CREATE
ALLAHIES S

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Garage Door Goy 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:
William Pirkle Name of Person
The Garage Door Guy Firm/Company
7817 NW 40th Street Address
City/State and Zip Code Doastore 2002 O Uchou Com- E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ 130.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\ \text{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:	FILED
The Garage T	>05 GUYLL 17 JAN -3 PH 5: 03
(Must end with the words "Limited Liability C	Company, "L.L.C.," or "LLC") JALLAHANDER, FLORIZA
ARTICLE II - Address: The mailing address and street address of the principal office of the	
Principal Office Address:	Mailing Address:

7817 NW 40th Street 7817 NW 40th Street Holly wood Fe 33024

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:

Ranche Mange.

Name

1817 NW 40th Street

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

Itolly word Ft 33024.

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)

Page 1 of 2

Title: "AMBR" = Authorized	Name and Address:
"MGR" = Manager	i Member
AMBR.	William Pirkle
	7817 Nui yoth Street
	40114 Wood, FC 33024
AMBR.	Blanche Mange
1/1/12/6	- TRIT N W 40th Stopet
	HOLLY WOOD FL 33024
EV: Effective date, if active date is listed, the filing.)	other than the date of filing: (OPTIONAL) e date must be specific and cannot be more than five business days prior to or 90
ective date is listed, the of filling.) the date inserted in thi ment's effective date o	cother than the date of filing:
EV: Effective date, if extive date is listed, the of filing.) the date inserted in this	cother than the date of filing:
E V: Effective date, if ective date is listed, the of filing.) the date inserted in this ment's effective date o	cother than the date of filing:
E V: Effective date, if ective date is listed, the of filing.) the date inserted in this ment's effective date o	cother than the date of filing:
E V: Effective date, if ective date is listed, the of filing.) the date inserted in this ment's effective date o	cother than the date of filing:
EV: Effective date, if extive date is listed, the of filling.) the date inserted in thi ment's effective date of EVI: Other provisions.	cother than the date of filing:
E V: Effective date, if sective date is listed, the of filing.) the date inserted in thi ment's effective date of E VI: Other provisions. REOUIRED SIGNAT	cother than the date of filing:
E V: Effective date, if sective date is listed, the of filing.) the date inserted in thi ment's effective date of E VI: Other provisions. REOUIRED SIGNAT	cother than the date of filing:
E V: Effective date, if sective date is listed, the of filing.) the date inserted in thi ment's effective date of E VI: Other provisions. REOUIRED SIGNATION OF This diam a	s block does not meet the applicable statutory filing requirements, this date will not the Department of State's records. If any, Signature of a member or an authorized representative of a member. Document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, ware that any false information submitted in a document to the Department of State
E V: Effective date, if sective date is listed, the of filing.) the date inserted in thi ment's effective date of E VI: Other provisions. REOUIRED SIGNATION OF This diam a	cother than the date of filing:
E V: Effective date, if sective date is listed, the of filing.) the date inserted in thi ment's effective date of E VI: Other provisions. REOUIRED SIGNATION OF This diam a	cother than the date of filing:
E V: Effective date, if sective date is listed, the of filing.) the date inserted in thi ment's effective date of E VI: Other provisions. REOUIRED SIGNATION OF This diam a	s block does not meet the applicable statutory filing requirements, this date will not the Department of State's records. If any, Signature of a member or an authorized representative of a member. Document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, ware that any false information submitted in a document to the Department of State
E V: Effective date, if sective date is listed, the of filing.) the date inserted in thi ment's effective date of E VI: Other provisions. REOUIRED SIGNATION OF This diam a	date must be specific and cannot be more than five business days prior to or 90 s block does not meet the applicable statutory filing requirements, this date will not the Department of State's records. If any, Signature of a member or an authorized representative of a member. Decument is executed in accordance with section 605.0203 (1) (b), Florida Statutes, ware that any false information submitted in a document to the Department of State tates a third degree felony as provided for in s.817.155, F.S.

ARTICLE IV-