

L17000019098

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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17 JAN 19 10:10:00  
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W16-74729

*W16*



17 JAN 19 14:10:12

17 JAN 19 14:10:00

SECRET  
TALL  
STATE

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 3, 2016

DOUGLAS D. RITHMIRE  
263 LOBLOLLY BAY DR  
SANTA ROSA BEACH, FL 32459

SUBJECT: RITHMIRE IMPROVEMENT & REPAIR, LLC  
Ref. Number: W16000074729

We have received your document for RITHMIRE IMPROVEMENT & REPAIR, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that your document is incomplete/missing pages. Please resubmit the complete document.

Please return 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.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 516A00023738

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RITHMIRE IMPROVEMENT & REPAIR, 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:

DOUGLAS D RITHMIRE

Name of Person

RITHMIRE IMPROVEMENT & REPAIR, LLC

Firm/Company

263 LOBLOLLY BAY DR

Address

SANTA ROSA BEACH, FL, 32459

City/State and Zip Code

DRITHMIRE@GMAIL.COM

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

For further information concerning this matter, please call:

DOUGLAS RITHMIRE

850

428-3114

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

17 JAN 19 AM 10:00

RECEIVED  
SECRETARY OF STATE  
JAN 17 2019

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RITHMIRE IMPROVEMENT & REPAIR, 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:

263 LOBLOLLY BAY DR  
SANTA ROSA BEACH, FL 32459

Mailing Address:

263 LOBLOLLY BAY DR  
SANTA ROSA BEACH, FL 32459

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:

DOUGLAS D RITHMIRE

Name

263 LOBLOLLY BAY DR

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

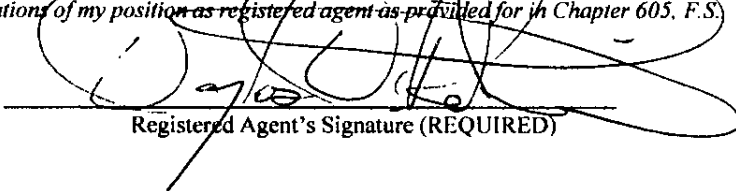
SANTA ROSA BEACH FL 32459

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)

17 JUN 19 17:10:00

REC'D  
FILED

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

OFFICE MANAGER	LORETTA LINDLEY
	4725 CORNWALL DR
	CELA BLUFF AL 355959

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: OCTOBER 21, 2016. (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:**



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.

LORETTA LINDLEY

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)

STATE  
JAN 19 10:00