

L1700000944 06

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

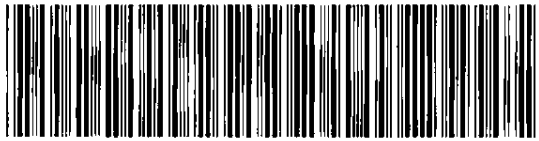
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/17/17--01005--004 **250.00

FILING CANCELLED
RETURNED CHECK

17 APR 17 PM 12:21
RECEIVED
DEPARTMENT OF REVENUE

17 APR 17 AM 11:58
RECEIVED
DEPARTMENT OF REVENUE

APR 17 2017

T SCHROEDER

COVER LETTER

FILING CANCELLED
RETURNED CHECKTO: New Filing Section
Division of CorporationsSUBJECT: DIESEL PAINTING 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:

Emory Harmon
Name of PersonBig DIESEL PAINTING & CLEANING LLC
Firm/Company1057 Canal Rd.
AddressTusk, FL 32304
City/State and Zip CodeBigDIESEL@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emory Harmon at (850) 284-3785
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 AddressNew Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314Street AddressNew 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:

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RETURNED CHECK

DIESEL PAINTING LLC
(Must contain 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:

1057 Ocala Rd.
TALL, FL 32304

1057 Ocala Rd.
TALL
FL 32304

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:

Emory Harmon
Name

1057 Ocala Rd.
Florida street address (P.O. Box NOT acceptable)

TALL FL 32304
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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 APR 17 PM 12:21
FILED
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

AMBR

AMBR

Name and Address:

Emory H. Harmon
1057 Ocean Rd.
Tallah, FL 32304

KELVIN VINICIO CAU Z

1057 Ocean Rd. Tall, FL 32304

VINCENTE ANTONIO MALISCAL

1057 Ocean Rd. Tall, FL 32304

RAFAEL LUX

1057 Ocean Rd. Tall, FL 32304

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

Emory H. Harmon
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)

17 SEP 17 PM 12:21
RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA