

L170000109037

(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

W17000035125

MAY 18 2016

T. SCOTT



000298059830

04/21/17--01022--008 **87.50

05/17/17--01002--015 **72.50

APPROVED
AND
FILED
17 MAY - 8 AM 8:46
CLERK OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

17 APR -0 PY 3:00

DIV
IN

SOCIAL
SERVICES

April 24, 2017

DAVID S MURRAY
3803 BESS RD
JACKSONVILLE, FL 32277

SUBJECT: NO COMPLAINTS CARPENTRY AND PAINT LLC
Ref. Number: W17000035125

We have received your document for NO COMPLAINTS CARPENTRY AND PAINT LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, L.L.C. and LLC are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 617A00007923

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: No Complaints Carpentry and paint 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:

David S Murray
Name of Person

No Complaints Carpentry and paint LLC
Firm/Company

3803 Bess Rd.
Address

Jacksonville, FL 32277
City/State and Zip Code

DSm8883@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David S. Murray at (904) 422-6373
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

No Complaints Carpentry and Paint 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:

3803 Bess Rd.
Jacksonville, FL 32277

Mailing Address:

3803 Bess Rd.
Jacksonville, FL 32277

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:

David S. Murray
Name
3803 Bess Rd.
Florida street address (P.O. Box **NOT** acceptable)
Jacksonville, FL 32277
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)

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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

President

Vice President

Treasury

Secretary

Name and Address:

David S. Murray
3803 Brss Rd.
Jacksonville, FL 32277

Amanda K. Murray
3803 Brss Rd.
Jacksonville, FL 32277

Amanda K. Murray
3803 Brss Rd.
Jacksonville, FL 32277

Amanda K. Murray
3803 Brss Rd.
Jacksonville, FL 32277

(Use attachment if necessary)

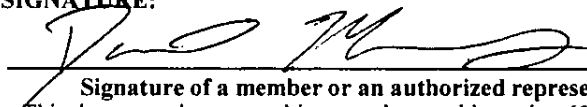
ARTICLE V: Effective date, if other than the date of filing: May 15th 2017 (OPTIONAL)

(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

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.

David Murray

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)