L17000158702

(Requestor's Name)		
(Address)		
(1.531655)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Cadillating of Status		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special instructions to 1 ming differen		





800301495308

07/21/17--01013--004 **125.00



COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: David Richardson Mechanic 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 Richardson Name of Person
David Richardson Mechanic LLC Firm/Company
1410 S. Collins St. Apt. 1 Plant City, Fl. 33563
Plant City, F-L 33563 City/State and Zip Code mufflec. 733 (29 gma. 1, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Richardson at (813) 650-3106 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FI, 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
David Richardson (Must contain the words "Limited Liability Con-	Mechanic LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:
1410 S. Cellins St. Apt. 1 Plant City, Fc. 33563	SAME 2
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agenther business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
David Ric	hardson
1410 S. Collins St. Florida street address (P.O. Box)	Apt. 1 Plant City, FC. 33563
Plant Cty Fe	3356
City' State	Zip
Having been named as registered agent and to accept service of process blace designated in this certificate, I hereby accept the appointment as rivither agree to comply with the provisions of all statutes relating to the imfamiliar with and accept the obligations of my position as registered	egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I
Registered Agent's	Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
- Manager	
mGR_	David Richardson
	17
	2 P
	2: LO
(Use attachment if necessary)	© ○
he date of filing.)	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
REQUIRED SIGNATURE:	
This document is executed in acc I am aware that any false informa	r an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.
	Cichardson or printed name of signee

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

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)