## L17000193158

(F	Requestor's Name)			
(F	Address)			
( <i>F</i>	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
3)	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only

SEP 18 2017 T. SCOTT



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2017 SET 18 SETE

## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Parting Classic Custom Coatings LL Nime 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:
Jean Burgess Name of Person
Classic Custom Coatings
17791 Larkin CtE
TALLANASSEE Florida 32310 City/State and Zip Code
LAZ Jean 16 @ Comcast NET  Lemail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Math Bungess at (850) 212-3028  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section  Street Address New Filing Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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	••		~ .			

The name of the Limited Liability Company is:

Classic Custon Conting L. L. Co
(Musi contain the words "Limited Liability Company, "L.L.C.," or "LLCX)

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
17791 Larkin CtE	17791 Larkin CtE
TATIALMSSEE FIM	I ALL AMOSSEE FIR
	32310

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:

Math Davidess

Name

17791 Lankin C+E

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

THU 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)

) | SEP | 8 | CH | 2: 1

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager mc a (Use attachment if necessary) \_. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: \_\_\_ (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 SIGNATURY Signature of a member of 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

Filing Fees:

Typed or printed name of signee

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

constitutes a third degree felon, as provided for in s.\$17.155, F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)