## L17000001978

(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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## COVER LETTER

TO: New Filing Section Division of Corporations  SUBJECT: Amazina - Name of Limited L	, Paint & Handyman sovice 11c
The enclosed Articles of Organization and fee(s) are subn	nitted for filing.
Please return all correspondence concerning this matter to	the following:
hyle Westbrook	
Nai I	me of Person
Fin	m/Company
9775 John Fre	nlkin Rd
	Address  32305  ate and Zip Code
Kwestbrook, 1/c @	ate and Zip Code
E-mail address: (to be used for fu	
For further information concerning this matter, please call:	·
Hylewestbrook at (850) Name of Person Area Co	
Enclosed is a check for the following amount:	
☐ Certificate of Status ☐ ☐	155.00 Filing Fee & S160.00 Filing Fee, Certified Copy ditional copy is enclosed)  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 1 - Name: The name of the Limited Liability Company is:	
Amazing Tile Raint (Must contain the words "Limited Liability	- É Handuran Scruice LLC Company. "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of t	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
9775 John Franklin Rd Tallahassee F1 32305	Scme
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	ed Agent. You must designate an individual or
The name and the Florida street address of the registered agent an	
Kyle Westby Name	loo K
9775 John	
Florida street address (P.O. E	
Tallatersec F City St	32-305
City St	ate Zip
Having been named as registered agent and to accept service of pro- place designated in this certificate, I hereby accept the appointment further agree to comply with the provisions of all statutes relating to am familiar with and accept the obligations of my position as registe	as registered agent and agree to act in this capacity. I the proper and complete performance of my duties, and I
Myl West	
Registered Age	nt's Signature (REQUIRED)
	20:
(CON	INUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Kyle Westbrok
	Tallatersee F1 32305
AMBR	Jafilliam I amaa
	128 River sink rd.
	Crawfordville FL 32327
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(Use attachment if necessary)	
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