

L18000020600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JAN 25 2018

N CULLIGAN

JAN 25 2018

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Best Pro 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:

francy fermilien
Name of Person

Best Pro Paint, LLC
Firm/Company

2010 AVENUE N
Address

fort-pierce Florida 34950
City/State and Zip Code

fermilien80@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

francy fermilien at (772) 940-3604
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

Carlos Deglace

12146 NW 9th Pl

Coral Springs, FL 33071

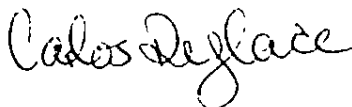
December 20, 2017

To whom it may concern,

I, Carlos Deglace, consent to releasing "Best Pro Paint, LLC" for anyone to purchase the said name.

Sincerely

Carlos Deglace

A handwritten signature in black ink that reads "Carlos Deglace". The signature is written in a cursive style with a large, stylized 'C' and 'D'.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2018

FRANCY FERMILIE
2010 AVENUE N
FORT PIERCE, FL 34950

SUBJECT: BEST PRO PAINT "LLC"
Ref. Number: W18000006371

We have received your document for BEST PRO PAINT "LLC" and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 318A00001317

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Best Pro 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:

Mailing Address:

2010 Avenue N Fort Pierce FL, 34950

2010 Avenue N Fort Pierce FL, 34950

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:

Francy Fermilien

Name

2010 Avenue N

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

Fort Pierce

Florida

34950

City

State

Zip

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CLERK OF COURT
JAN 25 2018
FORT PIERCE, FLORIDA

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..

Francy Fermilien

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Name and Address:

Francy Fermilien

AMBR

Anna Kalinina

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Jan 23, 2018 (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:

Francy Fermilien

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.

Francy Fermilien

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)

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