

L18 000 029 479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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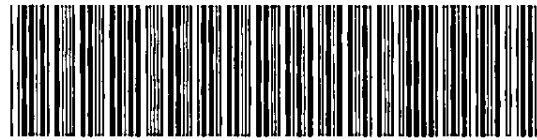
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/04/18--01007--028 **155.00

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18 FEB - 1 PM 5:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W18-1805

D. O'KEEFE

FEB 02 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2018

KEITH B. MARSHALL

37429 LEA AVENUE
ZEPHYRHILLS, FL 33541

SUBJECT: K.B. MARSHALL PAINT, LLC
Ref. Number: W18000001805

We have received your document for K.B. MARSHALL PAINT, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 218A00000448

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: K.B. MARSHALL 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:

KEITH B. MARSHALL

Name of Person

K.B. MARSHALL PAINT, LLC

Firm/Company

37429 LEA AVENUE

Address

ZEPHYR HILLS, FLORIDA 33541

City/State and Zip Code

MARSHALLKEITH760@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEITH MARSHALL at (813) 863-2849

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:

K.B. MARSHALL 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:

37429 LEA AVENUE
ZEPHYR HILLS, FL 33541

37429 LEA AVENUE
ZEPHYR HILLS, FL 33541

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:

KEITH B MARSHALL

Name

37429 LEA AVE

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

ZEPHYR HILLS FL 33541

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..

Keith B Marshall

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV:

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

KEITH B. MARSHALL

37429 LEA AVENUE

ZEPHYR HILLS, FL 33541

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

NONE

REQUIRED SIGNATURE:

KB Marshall

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.

KEITH B. MARSHALL

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)

Seal of the State of
FLORIDA

18 FEB - 1 PM 5:43

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