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(Daniel Namo)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly (1811)
(Document Number)
Certified Copies Certificates of Status
O I Hammatiana to Siling Officer
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations Captiles
SUBJECT: Holloman Painting & Cleaning ALCC 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:
Ventice Holloman
1618 Smith Street
Quincy Floride 3235/ City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ventice Hollomen at (850) 459 - 4486 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified 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, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is.

The name of the Elimited Flaority Company is.		
Holloman Painting a Cleaning LLC (Must contain the words "Limited Limited Company, "L.L.C.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: Mailing Address:		
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: Darbora McFarland Name 125 Ray Rd Florida street address (P.O. Box NOT acceptable) 32.55/	2019 JUH - 1 PH 2: 16	
City State Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the piace 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.

Barbart McJarland

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	i i i i i i i i i i i i i i i i i i i
"MGR" = Manager	Notalis Hollomon
	Smith Street
	QUINCY , A 3033/
Magaza	
Manager	
	
(Use attachment if necessary)	
TICLE V: Effective date, if other than the data effective date is listed, the date must be state of filing.)	a meet the applicable statutory filing requirements, this date will not be listed
TICLE V: Effective date, if other than the date of filing.) te: If the date inserted in this block does no	specific and cannot be more than five business days prior to or 90 days aftout the meet the applicable statutory filing requirements, this date will not be listed
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)