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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2018 JUL 23 AM 10: 59
SECRETARY OF STATE
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Francis Heather Painting 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:
Francis Heather Name of Person
Francis Heather Painting, LLC.
11444 W. Cornflower Dr Address
Crystal River F 3 4428 City/State and Zip Code cheather 352@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cindy Heather at (3.52) 212-9382 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 & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Francis Heather Painting LLC (Must contain the words "Limited Liability Company J.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:
11444 W. Cornflower Dr Crystal River 71 34428	<u>same</u>

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:

Cindy Heather

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

Crystal River Fl 34428

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)

.018 JUL 23 AM 10: 5 Secretary of STAT The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
	T : 11 h
AMBR	Francis Heather
	Caustal Piver Fl 34408
AMBR AMBR	1 11 15
AMBR	Cindy Heather
	114441 W COINTHWENT UI
	C195191 111VEL 71 57 1201
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
(Use attachment if necessary)	
cument's effective date on the Departme CLE VI: Other provisions, if any.	ent of State's records.
REQUIRED SIGNATURE:	A AA
/ /	
(//	Miller
	glember or an authorized representative of a member.
This document is ex-	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
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This document is ex- I am aware that any f constitutes a third de	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
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