

L18000181584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

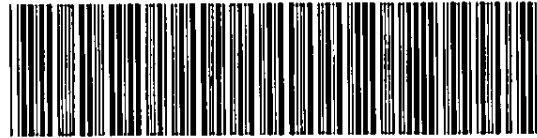
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300316126223

Filing cancelled
due to returned check

07/27/18 10:00:00 AM 181584

FILED

JUL 27 AM 5:36

CLERK'S OFFICE
SHELBY COUNTY, TN

K. PAGE

JUL 30 2018

COVER LETTER

Filing cancelled
due to returned check

TO: New Filing Section
Division of Corporations

SUBJECT: ASKY PAINTING LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NELSON EMILIO MADRIGAL

Name of Person

ASKY PAINTING LLC

Firm/Company

417 NW 18 AVE

Address

MIAMI FL 33125

City/State and Zip Code

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

For further information concerning this matter, please call:

NELSON EMILIO MADRIGAL

305

305-8971

at (

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:

ASKY PAINTING LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

**Filing cancelled
due to returned check**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

417 NW 18 AVE
MIAMI, FL 33125

Mailing Address:

417 NW 18 AVE
MIAMI, FL 33125

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:

NELSON EMILIO MADRIGAL

Name

417 NW 18 AVE

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

MIAMI

FL

33125

City

State

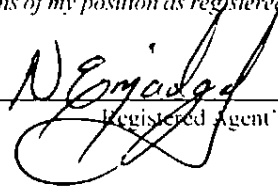
Zip

RECEIVED
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2010 JUL 27 AM 5:34

ENCLOSURE

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)

Filing cancelled due to returned check

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

"AMBR"

Name and Address:

NELSON EMILIO MADRIGAL

417 NW 18 AVE

MIAMI, FL 33125

STATE OF FLORIDA
DEPARTMENT OF STATE
RECEIVED
JUL 27 2010

2010 JUL 27 AM 5:34

FILED

(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.

REQUIRED SIGNATURE:



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.

NELSON EMILIO MADRIGAL

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)