

L18000185322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

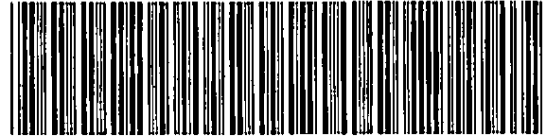
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

N. SAMS
AUG 02 2018



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04/23/18--01032--015 **125.00

18 AUG -1 PM 3:23
FILING OFFICE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

REC-11
2018 1, AUG AH 11:45

REGISTRATION
COMMERCIAL
INFORMATION SERVICES

July 12, 2018

THOMAS BOCCIA
14391 SPRING HILL DR SUITE #422
SPRING HILL, FL 34609 US

SUBJECT: BOCCIA PRO PAINTING LLC
Ref. Number: W18000063609

18 AUG - 1 PM 3:23
TALLAHASSEE, FLORIDA

We have received your document for BOCCIA PRO PAINTING 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):

Please state the new entity name on the line of Article I on your Articles of Organization.

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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 118A00014356

18 JUL 31 PM 3:23
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: All Home 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:

THOMAS BOCCIA

Name of Person

Firm/Company

14391 SPRING HILL DR SUITE# 422

Address

SPRING HILL, FL 34609

City/State and Zip Code

floridatxoffice@gmail.com

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

For further information concerning this matter, please call:

THOMAS BOCCIA

352

410-3437

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

JULY 8, 2018

To whom it may concern,

My name is Thomas Boccia my business name or was Boccia Pro Painting inc. I recently sent you my form to change my name to a llc but it was too similar. I apologize for sending you this letter past the 60 days. But if I can make the change of my name to All Home Painting LLC. That would be great. Thanks again for this understanding.

Painting inc.

From Thomas Boccia owner of Boccia Pro

Thomas Boccia

18 AUG - 1 PM 3:23
ALL HOME PAINTING LLC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALL Home PAINTING 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:

3707 BRAEMERE DR
SPRING HILL, FL 34609

Mailing Address:

14391 SPRING HILL, DR SUITE# 422
SPRING HILL, FL 34609

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:

THOMAS BOCCIA
Name
14391 SPRING HILL, DR SUITE# 422
Florida street address (P.O. Box **NOT** acceptable)
SPRING HILL FL 34609
City State Zip

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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.

Thomas Boccia
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:

THOMAS BOCCIA

3707 BRAEMERE DR

SPRING HILL, FL 34609

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04-13-2018 (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:



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.

THOMAS BOCCIA

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)