

L18000230562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

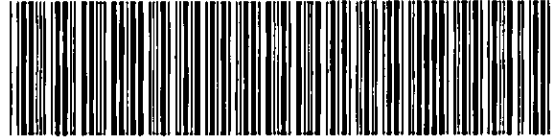
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

OCT 01 2018



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FILED

2018 OCT -1 PM 2:40

SECRETARY OF STATE
ALLAHASSIE, FL ORIN

RECEIVED

18 OCT -1 PM 2:26

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL ORIN

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DEAT THE HEAT WINDOW TINTING 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:

LADY KEELS

Name of Person

3419 APPALACHEE PARKWAY

Address

Tallahassee FL 32311

City/State and Zip Code

doctint@gmail.com

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

For further information concerning this matter, please call:

DEC

at (

850

)

284 0571

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

ARTICLE I - Name:

BEAT THE HEAT WINDOW TREATMENT LLC
(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

LAOY ~~WILLIAM~~ KEELS

← 349 APARACHEE REX Tallahassee # 32311

LAST NAME
 Name
 3419 APALACHE PRUNY
 Florida street address (P.O. Box **NOT** acceptable)
 Tallahassee FL 32311
 City State Zip

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

Name and Address:

MGR

LAO KARS

2019 Apalachicola Parkway

Tallahassee FL 32311

(Use attachment if necessary)

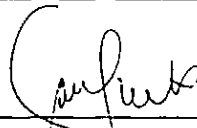
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.

LAO KARS

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)