118000240929

(Re	equestor's Name)	
•	ŕ	
(Ad	ldress)	
(Ad	ldress)	
(6)	ty/State/Zip/Phone	- t t
(CI	ty/State/Zip/Enone	= #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
· · · · · · · · · · · · · · · · · · ·	_	
Special Instructions to	Filing Officer:	_

Office Use Only



600319201966

10/17/18--01024--022 **130.00

FILED 2018 OCT 17 PM 1: 2: SECRETARY OF STAN

N CULLIGA ...

COVER LETTER

TO: §	New Filing Section Division of Corporations			
SHBJEC"	Dietz Concrete & Painting	LLC		
300000	T:Nan	ne of Limited Liah	pility Company	
The enclo	osed Articles of Organization and I	fee(s) are submitte	ed for filing.	
Please rett	urn all correspondence concerning	g this matter to the	e following:	
	Shaun Dietz			
		Name	of Person	
		Firm/C	Company	
	PO Box 1721			
		Ade	dress	
	Venice, FL 34284-1721			
	carolspenny14@gmail.com	City/State a	and Zip Code	
	E-mail address; (to	be used for future	annual report notificat	ion)
For further i	information concerning this matte	r, please call:		
	Carol Dietz	706 at (745-2030	
	Name of Person	Area Code) Daytime Telephor	
Enclosed i	is a check for the following amounting Fee \sum \$130.00 Filing F. Certificate of Sta	ee & S155 Certi	.00 Filing Fee & fied Copy nal copy is enclosed)	\$160.00 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:

Dietz Concrete &	- <u> </u>			
(Mus	t contain the words "Limited	Liability Company,	"L.L.C.," or "L1.C.")	
RTICLE II - Address:				
e mailing address and st	reet address of the principal of	office of the Limited	Liability Company is:	
<u>Pr</u>	incipal Office Address:		Mailing Address:	
821 Citrus Road		PO E	ox 1721	
Venice, FL 3429	3	Venic	e, Ft. 34284-1721	
he Limited Liability Cor	d Agent, Registered Office, npany cannot serve as its own	Registered Agent.	nt's Signature: You must designate an individual or	
he Limited Liability Cor	d Agent, Registered Office, npany cannot serve as its own th an active Florida registration	Registered Agent.	nt's Signature: You must designate an individual or	
he Limited Liability Cor other business entity wi	npany cannot serve as its owi	n Registered Agent. on.)	nt's Signature: You must designate an individual or	2018
The Limited Liability Cornother business entity wi	npany cannot serve as its own th an active Florida registration	n Registered Agent. on.)	nt's Signature: You must designate an individual or	2018 OC
The Limited Liability Cornother business entity wi	npany cannot serve as its own the an active Florida registration is treet address of the registere	n Registered Agent. on.)	ot's Signature: You must designate an individual or	2018 OCT 1
The Limited Liability Cornother business entity wi	npany cannot serve as its own the an active Florida registration is treet address of the registere	n Registered Agent. on.) d agent are:	nt's Signature: You must designate an individual or FALLAHASSE	1
The Limited Liability Cornother business entity wi	npany cannot serve as its own than active Florida registration street address of the registere Shaun Dietz	n Registered Agent. on.) d agent are: Name	You must designate an individual or	2018 OCT 17 PM
The Limited Liability Cornother business entity wi	npany cannot serve as its own than active Florida registration street address of the registere Shaun Dietz 821 Citrus Road	n Registered Agent. on.) d agent are: Name	You must designate an individual or	17 P

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)

Zip

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR Shaun Dietz PO Box 1721 Venice, FL 34284-1721 (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 the constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

SHAUN DIETZ

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)