L18000359097

(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:	

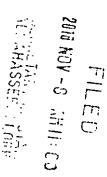
Office Use Only



400320693914

11/08/18--01007--004 **130.00





NOV 0 8 2018 C Kinsey

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Donnic Fountain Roofing 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:
Dannie Fountain
Name of Person
Donnie Fountain Name of Person 2490 Bryant Rd
Address
Jusper GA 30143
Jusper GA 30143 City/State and Zip Code Com Com Com Com Com Com Com Co
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Donnic Fushtain at (770) 881 2977 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status 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 Street Address New Filing Section Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	٨	R	ľl	CI	LE	۱.	N	ame:
-------------------	---	---	----	----	----	----	---	------

The name of the Limited Liability Company is:

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:	Mailing Address:
2490 Bryont Rd	2490: Boyant Rd
TUSPEC GA-30143	JOSON GA- 30143
V - /	0 4 - 30 -

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:

Alan Cron	ian
229 Bolboo	a 5+
Florida street address (P.O. Book)	ox <u>NOT</u> acceptable) F/ 32456
City Sta	te Zip

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)

2010 NOV -8 AHTH: CO

Tide:	Name and Address:
"AMBR" = Authorized Member MGR" = Manager	Dunnic Fountain, 2440 Bryont Rd
	·
	
(Use attachment if necessary)	
TICLE V: Effective date, if other than the date an effective date is listed, the date must be spedate of filing.) te: If the date inserted in this block does not n document's effective date on the Department of TICLE VI: Other provisions, it any.	neet the applicable statutory filing requirements, this date will not be listed a
TICLE V: Effective date, if other than the date in effective date is listed, the date must be spedate of filing.) te: If the date inserted in this block does not not document's effective date on the Department.	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed a
TICLE V: Effective date, if other than the date on effective date is listed, the date must be spedate of filing.) te: If the date inserted in this block does not nedocument's effective date on the Department of TICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed a of State's records.
TICLE V: Effective date, if other than the date an effective date is listed, the date must be spedate of filing.) te: If the date inserted in this block does not n document's effective date on the Department of TICLE VI: Other provisions, it any. REQUIRED SIGNATURE: Signature of a me This document is execut 1 am aware that any false.	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed a

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)