L18000282057

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT M	AIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status _		
Special Instructions to Filing Officer:		

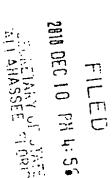
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: MSS Pink hill+op rooting UC 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:
Sarhay rocha Quintana Name of Person
6724 prilgen 57
Panama City Florida 32404 City State and Zip Code Sar hay rocka 888 a gmail. Com- E-mail address: (to be used for future annual result notification)
For further information concerning this matter, please call:
Sachay Rocha Qat (464) 579. 1667 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 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

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 1 - Name:

The name of the Limited Liability Company is:

MSS Pink hill toop roofing 2(C)
(Stust contain the words "Limited Liability Company, "L.L.C." or "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address:	<u>Mailing Address</u> :
6724 pridgen stret	6724 Dridgen St
Danama ctty Florida	panyma City
32404	Jorda 32 404

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:

Sarhay Rocha Quntanger BE To Name

N

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)

Title: "AMBR" = Authorized Member	Name and Address: Sarhay Pocha Quintan
"MGR" Manager	Same and Address: Sarhay Pacha Quntan (724 pridgen pridgen St panama Lity Torida Siyot
	PI DEC
(Use attachment if necessary)	SSEF FILL
he date of filing.)	and cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any,	
required signature:	ay Rocha Quintana
Signature of a member This document is executed in I am aware that any false infor	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.
	ar hay Cochy Wintena of signee

 $\frac{Filing\ Fees;}{S125.00\ Filing\ Fee}\ S125.00\ Filing\ Fee for\ Articles\ of\ Organization\ and\ Designation\ of\ Registered\ Agent}$

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)