

L190000021646

\_\_\_\_\_  
(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



500323660025

01/28/19--01004--002 \*\*130.00

FILING CANCELLED  
DUE TO RETURNED CHECK

19 JAN 28 AM 8:53

FILED  
2019 JAN 28 AM 8:56  
SECRETARY OF STATE  
ALLAHASSEE, FL 32411

FILING CANCELLED  
DUE TO RETURNED CHECK

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Turnover Property Home Renovation + Repair  
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:

Eric Fantain  
Name of Person

65 Becker Road  
Address

Crawfordville, Florida 32327  
City/State and Zip Code

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

For further information concerning this matter, please call:

Eric Fantain at (850) 661-6221  
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

**FILING CANCELLED  
DUE TO RETURNED CHECK**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Turnover Property Home Renovation & Repair 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:

65 Becker Road  
Crawfordville, Fl. 32327

Mailing Address:

65 Becker Road  
Crawfordville, Fl. 32327

**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:

Eric Fountain  
Name  
65 Becker Road  
Florida street address (P.O. Box **NOT** acceptable)  
Crawfordville Fl. 32327  
City State 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.*

Eric Fountain  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2019 JAN 28 AM 8:56  
CLERK OF COURT  
JESSIE HARRIS

**FILING CANCELLED  
DUE TO RETURNED CHECK**

**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

AMBR

Eric Fountain  
US Greeter Road  
Crawfordville, FL

Louise Fountain  
US Greeter Road  
Crawfordville FL 32312

(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:**

Eric Fountain

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.

Eric Fountain

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)

SECRETARY OF STATE  
ATTORNEY GENERAL

2019 JAN 28 AM 8:56

FILED