L19000036865

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
,	

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COVER LETTER

. .

TO: New Filing Section Division of Corporations	
SUBJECT: Allen FAUKNE Name of Limited Liab	oility Company LAC
The enclosed Articles of Organization and fee(s) are submitted	ed for tiling.
Please return all correspondence concerning this matter to the	e following:
CliFTON Allen	FAUIKNEN
Name (JIT CISON
5052 MeAdow/AM	2. K LANG
TALLAhassEE 6	Fl. 32363
City/State	and Zip Code
E-mail address: (to be used for future	
For further information concerning this matter, please call: Allen FALLENER & 50	739.4736
<u>.</u>	7.60
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Cert	5.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, Ft. 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	Γ	F.	1 _	\ · ·	(11)	٠.
٠,	IN 1		- T-		. 7 46	4111	٠.

The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
SOSC Meadow /AT/	5056 MCADOW MAL
have	LAllahaiste 12 32303
ARTICLE III - Registered Agent, Registered Office, or Regis	stered Agent Signature:
(The Limited Liability Company cannot serve as its own Registe	red 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:

CIF	TUN A	lle N	FAUlkar	
	Name			
5054	Mendo.	e lack	MARE	
Florida street ad	idress (P.O. Box No	OT acceptable		
TA11.	F1.	323	<u> </u>	
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. Thereby 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 diales, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Allen Allen - Aulkner
.(OPTIONAL)
. (OPTIONAL)
of the more than five business days prior to or 90 days af ole statutory filing requirements, this date will not be liste is.
horized representative of a member.
- - -

constitutes a third degree felony as provided for in s.817.155, F.S.

Cliptow Allew Faulkness

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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Document number L 1 7 000 2622 08 Painting LLC And will file a new filing with the same name. Ofton alle Faile

14 AM 9: 26