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## COVER LETTER

	ling Section n of Corporations				
SUBJECT:	-opez E	Same of Lin	an 1e nited Liabilit	Pain Fi	ng
The enclosed Ar	ticles of Organization	and fee(s) are	e submitted t	or filing.	
Please return all	correspondence conc	erning this mo	itter to the fo	llowing:	
· R	icardo	Lope	Z ES Name of I	calante	
	7042 i	Dandu	ood Addre	Lane	
	Tellahas	5ee ,	F\ City/State and	32312 I Zip Code	
	E-mail addre	ss: (to be used	l for future a	nnual report notifi	cation)
For further inform	nation concerning this	s matter, pleas	se call:		
اح: <u>(ھ</u>	Rdo 10 Pc Z Name of Person	Erchild at (_ The A	270 \rea Code	) 392 Daytime Telepl	4282 none Number
Enclosed is a ch	neck for the following	g amount:			
\$125.00 Filing	Fee \$130.00 I Certifica	Filing Fee & te of Status	\$155.0 Certifi (addition	00 Filing Fee & ed Copy al copy is enclosed	\$160.00 Filing Fee. Certificate of Status &  Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corpo P.O. Box 6327 Tallahassee, Fl. 33	rations		Street Address New Filing Section Division of Corps Clifton Building 2661 Executive C	orations

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	.E.I -	Name:
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The name of the Limited Liability Company is:

Lopez Escalante Painting L.L.C.
(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:
7042 Dardwood Lane Tollahassee, Fl 32312	7042 Derdwood lene Tollanassee Fl 32312

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:

Ricardo Lope 7 Escalante

Name

70-12 Dardwood Lane

Florida street address (P.O. Box NOT acceptable)

Tallahasse Fl 32-312

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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"AMBR" =	= Authorized Member Manager	Name and Address:
May.	NGR	Ricardo Lapez escelante 7042 Aardwood lane Tallanassee, Fl 32312
•		
•	hment if necessary)	
n effective date ate of filing.)	is listed, the date must riserted in this block do	the date of filing:
	er provisions if any	
	in providions, it dry.	

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.

En <u>Nicardo</u> lopez escalante 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)