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19 AUG 20 PH 4: 45

COVER LETTER

19 AUG 20 PH L TO: **New Filing Section** Division of Corporations The enclosed Articles of Organization and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount: \$160.00 Filing Fee. \$130.00 Filing Fee & \$155.00 Filling Fee & \$125.00 Filing Fee Certified Copy Certificate of Status & Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address

Mailing Address

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

19 AUG 20 PM 4: ARTICLE 1 - Name: 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:

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:

State

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. T further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I $am\ familiar\ with\ and\ accept\ the\ obligations\ of\ my\ position\ as\ registered\ agent\ as\ provided\ for\ in\ Chapter\ 605,\ F.S\ .$

(CONTINUED)

ARTICLE IV-	
The name and address of each person	authorized to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	David Library
- MGR	David Will
	150 Royal Oaks wurt
	Crawfordville FL 32327
	
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(11, 11, 1)	
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the	date of filing:
an effective date is listed, the date must be date of filing.)	e specific and cannot be more than five business days prior to or 90 days after
e trace of iming.) ote: If the date inserted in this block does r	not meet the applicable statutory filing requirements, this date will not be listed as
e document's effective date on the Departm	
RTICLE VI: Other provisions, if any.	
1 - 1	
REQUIRED SIGNATURE:	
1	
Signature of	a member or an authorized representative of a member.
This document is ex	secuted in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any constitutes a third d	false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
	and the La
	Typed or printed name of signee
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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)

I David white being the owner of Great white Painting Service LLC#LM0000 wish to release the name as of today 8/20/2019.

David White

