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(Re	equestor's Name)	
(Ad	dress)	<u>-</u>
	dress)	
(Cit	ty/State/Zip/Phone	· #)
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(Bu	esiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: PELENTLESS FIRE PROTECTION LLC 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:
Baymond H Green jr
on any 873
Address
Lehigh ACRES FL 33970-0873 City/State and Zip Code
Raymond. Green & JCT. 10m E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Status Stat
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
REATTIPSS FIRE PROTECT (Must contain the words "Limited Liability Co	mpany, "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:
1505 StoTh W Lenigh ACRES FL 33971	
ARTICLE III - Registered Agent, Registered Office, & Register	red 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

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

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, 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.

(CONTINUED)

Fitle: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGL	Lenigh Acres FL 33971
of filing.) The date inserted in this block does not ment's effective date on the Departme	or meet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does no	or meet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the dective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a This document is expected that any light and any ligh	or meet the applicable statutory filing requirements, this date will not be ent of State's records.