

L190000252343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

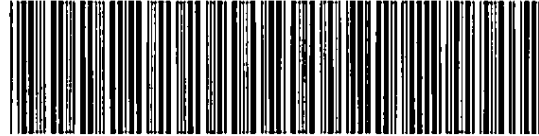
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/03/19--01035--007 ++125.00

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19 SEP - 3 PM 4:52
CLERK OF COURT
TAMMASEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2019

CHASTEN BRAYTON
640 59TH ST S
ST PETERSBURG, FL 33707

SUBJECT: C AND C CUSTOM SHOWERS AND GLASS
Ref. Number: W19000082767

We have received your document for C AND C CUSTOM SHOWERS AND GLASS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Marti Simmons
Regulatory Specialist II

Letter Number: 219A00018843

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C and C CUSTOM SHOWERS and GLASS
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.

CHASTEN BRAYTON

Name of Person

C and C CUSTOM SHOWERS and GLASS

Firm/Company

640 59TH ST. S

Address

ST. PETERSBURG FL, 33707

City/State and Zip Code

CHASTENJOEL01@gmail.com

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

For further information concerning this matter, please call:

CHASTEN BRAYTON

Name of Person

at (727) 249-5863

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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

19 SEP - 9
PM 4:52
L.L.U.
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C and C CUSTOM SHOWERS and GLASS LLC

(Must end with 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:

640 59TH ST. S
ST PETERSBURG FL 33707

640 59TH ST. S
ST PETERSBURG FL 33707

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.)

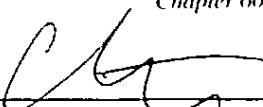
The name and the Florida street address of the registered agent are:

CHASTEN BRAYTON
Name

640 59TH ST S
Florida street address (P.O. Box NOT acceptable)

ST PETERSBURG FL 33707
City 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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

CHASTEN BRAYTON
640 59TH ST. S
ST PETERSBURG FL 33707

CHARLES HALL
1012 55TH AVE N
ST PETERSBURG FL 33707

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8-25-19 (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.)

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

CHASTEN BRAYTON

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)