

L20000006A187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

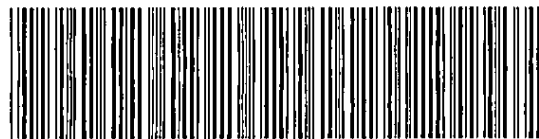
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/02/20--01004--018 **130.00

2020 MAR -2 11:34
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2020 MAR -2 PM12:54
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STATE
TALLAHASSEE, FL

J. FASON

MAR 02 2020

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CARTER Brother's Painting & Wallpapering 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:

Monciv M. CARTER
Name of Person

CARTER Brother's Painting & Wallpapering LLC
Firm/Company

115 Lillian Springs Rd Quincy FL 32351
Address

Quincy FL 32351
City/State and Zip Code

monciv.m.carter at Hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monciv CARTER at (850) 210-5694
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|--|--|---|---|

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CARTER BROTHERS Painting & Wallpapering 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:

ZION CARTER
MEKHI CARTER
Monciv Shunkolster

Mailing Address:

115 MILLAW SPRINGS RD
" " " "
" " " "

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:

MONCIV M. CARTER
Name
115 MILLAW SPRINGS RD
Florida street address (P.O. Box NOT acceptable)
QUINCY FL 32351
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.,

Monciv M. Carter
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2020 MAR - 2 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

ZION CARTER

MONCIEO CARTER

MEKHI CARTER

Name and Address:

115 MILLIAN SPRINGS RD

QUINCY FL 32351

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 3/1/2020 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

ADD (EIN) 20-2200031

REQUIRED SIGNATURE:

Moncideo M. Carter

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

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.

MONCIEO M. CARTER

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)