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2020 JUN 30 AM D: 36 SECRETARY OF STATE TALLAHASSEE, FL

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JUN 24 7070

COVER LETTER -
TO: New Filing Section Division of Corporations
SUBJECT: E & S Enterprise LLC And 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:
Ernestine De Loris Screen Name of Person
Name of Person
E & S Enterprise , LLC Firm/Company
2003 Karen Lane
Address
Tallahassee Florida 32304 City/State and Zip Code
City/State and Zip Code
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
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Street 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 24, 2020

ERNESTINE DELORIS SCREEN 2003 KAREN LANE TALLAHASSEE, FL 32304

SUBJECT: E & S ENTERPRISE, LLC

Ref. Number: W20000064416

We have received your document for E & S ENTERPRISE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note 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.," "LC.," "Ltd.," and "Co."

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 620A00012489

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability (Company is:				
F & S	the words "Limited Liability	15C - L	LC 07	Florida	ILLC
(Must contain	the words "Limited Liability	y Company, "L.L	.C.," or "LLC.")		, –
ARTICLE II - Address: The mailing address and street addr	ress of the principal office of	the Limited Liab	ility Company is:	ES	•
Principal (Office Address:		Mailing Addre	<u>:ss</u> :	
2003 Karen Talle hassee	1n 71 32304	2003 Tana	Karen L hassec 71	22304	
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an acti	nnot serve as its own Registo	stered Agent's S cred Agent. You r	ignature: nust designate an indi	ividual or S	2020 JUN 30
The name and the Florida street add	lress of the registered agent a	are:		ÉÀ	
-	Ernestine Name 2003 Ka	e D Scr	cen	EVHV SEVHV	
-	2003 Ka Florida street address (P.O.	ren La	ne abla)	Y OF STAT 5\$EE, FL	A C
_	Tallahassee			L PILE	ယ္
		tate	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..

Emistin. D Sociem

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Ernistine Delans Screen 2003 Kerin Lane Tallehassee Honda 32304
1MBR	Elbert Rondale Screen Jr. 2003 Agreen Lane Tallan assee Florida 32304
-	
	SECRETARY OF STAT
(Use attachment if necessary)	STATE FL
effective date is listed, the date must be to of filing.)	date of filing: . (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed applied by the statutory filing requirements.
CLE VI: Other provisions, if any.	The Of State 8 records.
REOUIRED SIGNATURE:	') \Sigma_{\alpha}'
Signature of a	member or an authorized representative of a member. ecuted 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.

Etnestine Delaris Screen
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)

S 5.00 Certificate of Status (Optional)