120000286371

(Requestor's Name)		
(Address)		
(Address)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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2020 SEP 21 PH 12: 33 SECRETARY OF STATE

7期 SEP 21 PH 12: 20

COVER LETTER

	ew Filing Section Ivision of Corporati	ons			
SUBJECT	. Yates	Paintin	g and	Remod	eling, LLC
0000001		Name of Lim	ited Liability Con	npany	
The enclose	ed Articles of Organi	zation and fee(s) are	submitted for fili	ing.	
Please retu	m all correspondence	concerning this ma	tter to the followi	ng:	
	Matt	thew .	John Ya	tes	
			Name of Persor	1	
			Firm/Company		
	17966	1287h	St		
			Address		
	Live C	ak, FL	3206	»D	
_	Yates Pa	nd R @ gn	ity/State and Zip (1a il. Cor	Code M	
	E-mail :	address; (to be used	for future annual	report notificati	on)
For further in	nformation concernin	g this matter/please	call;		
	Matthew Name of Pe	Yates ac	386, 2	205 - 3	593
	Name of Pe	rson A	rea Code Da	ytime Telephon	2 Number
Enclosed is	s a check for the follo	owing amount:			
	Filing Fee S1	30.00 Filing Fee & ificate of Status	□\$155.00 F Certified Cop (additional cop)	oy _	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Add			Address	
	New Filing So Division of C	orporations	The C	Filing Section Di Centre of Tallah:	issec
	P.O. Box 632	. /	2415	N. Monroe Stre	er, Sune 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLEA - Name:

The name of the Limited Liability Company is:

2020 SEP 21 PM 12: 34

Yates Painting and Remodeling, LLC SECRETARY OF STATE
(Musi contain the words "Limited Liability Company, "L. I.E.," or "LLC.") FALLAMASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	<u>Mailing Address</u> :		
179 66 128th St	17966 12874 St		
Live Bak, FL 32060	Live Dak, F1 32060		

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:

Matthew	Jol	111	Yates
	Name		
17966 1	28th	st	
Florida street address	(P.O. Box	NOT ac	ceptable)
Live Oak	FL		32060
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.

Registered Agent's Signature (REQUIRED

(CONTINUED)

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 (١.,	•	١٧.

* 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 MGR	Matthew John Vales 179 1.12 128th St. Live Dak, Fl 32060
	SECRETARY C TALLAHASS
(Use attachment if necessary)	TANY OF STATE ANSSEE, FL OPTIONAL
If an effective date is listed, the date must be sp he date of filing.) Note: If the date inserted in this block does not a the document's effective date on the Department	of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	5270
This document is execu I am aware that any fals constitutes a third degre	ember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State e felony as provided for in s.\$17.155, F.S.
M	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)