## - L20000295238

(Requestor's Name)	
(Address)	<del></del>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of State	tus
Special Instructions to Filing Officer:	

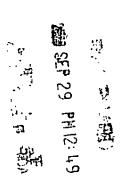
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SECRETARY OF STATE TALLAHLASSEE, FL



## COVER LETTER

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SUBJECT	: <u>Ya</u>	105	Handlym Name of Limit	an oincl	Pointin	19,LC
The enclose	ed Articles of (	Organizat	ion and fee(s) are	submitted for fili	ท <sub>ี่</sub> รั	
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	York	<u>es</u>	Handym	an Cind Firin/Company	<u>Rinti</u>	ng, LLC
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For further in			his matter, please			
-		Vat e of Perso	es <u>at (3</u> on Ar		188 - 93 Ortime Telephon	
Enclosed is	s a check for th	he follow	ng amount:			
<b>⊠</b> \$125.00	) Filing Fee		0.00 Filing Fee & cate of Status	□S155.00 F Certified Cop (additional copy	oy	□S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio	ig Addres iling Section of Corporation		New F The C	Address Filing Section D Jentre of Tallah N. Monroe Stre	assec

Tallahassee, FL 32303

Tallahassee, FL 32314

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability Contains the words "Liability Con	and Painting, LLC Company, "L.L.C." or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	ne Limited Liability Company is:
Principal Office Address:	Mailing Address:
7303 72nd Path Live Cak FL 30060	7303 Jand Path Live Oak Fl 33060
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register	tered Agent's Signature: cd 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)

Thornas street address (r.o. box May acceptable)

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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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	Robert W. lates  1303 72 na Path  Gue Gill El 32060
	SECRETALLA
——————————————————————————————————————	SEP 29 PM 1: 02 CRETARY OF STATI ALLAHANSEE, FL
(Use attachment if necessary)	
If an effective date is listed, the date must be sp he date of filing.)	c of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:  Signature of a m This document is execu	tember of an authorized representative of a member, ated in accordance with section 605.0203 (1) (b). Florida Statutes.
I am aware that any fais	se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.  Typed or printed name of signce

\$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)