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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
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COVER LETTER

	Sew Filing Sect Division of Corp							
SUBJECT	Modern Scr	een Products, LLC						
NUDJEC		Name of Lin	nited Liabili	ty Company				
The enclos	sed Articles of C	Organization and fee(s) are	e submitted	for filing.				
Please retu	ırn all correspoi	ndence concerning this ma	tter to the f	ollowing:				
	Jeffery K. Bu	rcham						
			Name of	Person	-		-	
	Modern Scree	en Products						
	-		Firm/Co	mpany			-	
	1562 Tuscalo	osa avenue						
			Addre	ess		· · · · · · · · · · · · · · · · · · ·	-	
	Hollly Hill, F	lorida 32117						
	Modernscreen	C products@gmail.com	ity/State and	d Zip Code			•	
		-mail address: (to be used	for future a	nnual report notification	on)		-	
For further	information con	ocerning this matter, please	call:					
	Jeffery Burcha	am 38 at (253-7553				
	Namo			Daytime Telephone	Number			
Enclosed i	is a check for th	e following amount:						
□\$125.00	0 Filing Fee	S130.00 Filing Fee & Certificate of Status	Certific	5.00 Filing Fee & ed Copy all copy is enclosed)	□\$160,00 Certificate Certified Co (additional co	of Status & opy	k osed)	
	New Fi Divisio P.O. Bo	g Address ling Section n of Corporations ox 6327 issee, F1, 32314		Street Address New Filing Section Div The Centre of Tallaha: 2415 N. Monroe Stree Tallahassee, Fl. 32303	ssee t, Suite 810	IMILATIONS LETEL	2021 MAR -2 AM 11: 59	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Modern Screen Products, LLC	
(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 principal	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
1562 Tuscaloosa Avenue, Holly Hill, Fl. 32117	1562 Tuscaloosa Avenue, Holly Hill, Florida
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent ar	e:

address of the registered agen

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..

(CONTINUED)

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ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Jeffery Burcham 1562 Tuscaloosa Avenue
	Holly Hill, Florida 32117
. •	77000 7700 7
MGR	Benjamin Burcham
<u></u>	1562 Tuscaloosa Avenue
	Holly Hill, Florida 32117
,	
•	
(Use attachment if necessary)	
ANTHOR DAY, DAY, alice for Donationalism alice	- Ann. (651) 2/22/2021 (OPTION AL)
	e date of filing: <u>2/22/2021</u> . (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after
he date of filing.)	the specific and cannot be more than the business days prior to or 70 days after
	s not meet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Depart	
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
\bigcirc a	they Burchan
Simultina	ra member or an authorized representative of a member.
	executed in accordance with section 605.0203 (1) (b), Florida Statutes.
	y false information submitted in a document to the Department of State
	degree felony as provided for in s.817.155, F.S.
Jefferv Bur	cham To FRERY REACHAM
Jenery But	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)

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