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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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Office Use Only



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RECRETARY OF STATE

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# COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Eben-EZER Painting & Cleaning 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:
David o Baregas
Eben-Ezer Painting & cleaning
10941 Hardwick Lane
Jack Son Ville f 32246  City/State and Zip Code  dayid bane 978 0131 @ gmail. Com  E-mail address: (to be used for future annual report notification)
David Banesss at (\$50) 567-8540  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
US125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  US130.00 Filing Fee & Certified Copy (additional copy is enclosed)
Mailing Address Street Address

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

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

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The name of the Limited Liability Company is:

### ARTICLE II - Address:

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

Principal Office Address:

## 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:

10941 Hard Wick 20
Florida street address (P.O. Box NOT acceptable)

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)

	The name and address of each person a	uthorized to manage and control the Limited Liability Company:	
	<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
	AMBlinger	David Banegas  Togiti Hardwick in  Sacksonville f. 32246	
		SECRE	C - NAC 2282
		STATE	ָרָ רַרָּ
the date <u>Note:</u>	e of filing.)	e of filing:	
ARTIC	T.E.VI: Other provisions, if any.		
	REQUIRED SIGNATURE:	<i>IS</i>	
	Signature of a n	tember or an authorized representative of a member.	

Filing Fees:

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)