L2000262775

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(Address)
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,
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

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D. O'KEEFE

JUN 1 3 2022

O'KEEFE

COVER LETTER

TO: New Filing Secti Division of Corp			
SUBJECT: <u>R K</u>	IS CUSTON Name of Limit	1 Pain 45 and Sed Liability Company	Stains LLC.
The enclosed Articles of C	Organization and fee(s) are s	submitted for filing.	
Please return all correspor	idence concerning this matt	er to the following:	
Jac	Lie Wayne	Name of Person	2 JR
<u>R/91</u>	S <u>Custom</u>	Paints and Stain	ns LLC.
42	so blown	t creek k	rogd
Taila	hassee I	Tloh da 323	310
() /x	115 02200 91	101'1000 or future annual report notification	
For further information cor	icerning this matter, please	call:	
	: of Person Are	SSO) 688 6 ca Code Daytime Telephone	106 e Number
Enclosed is a check for th	ie following amount:		
□\$125.00 Filing Fee	15130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailin	σ Address	Street Address	

ͺŢΟ:

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

	A	RTIC	1.E. I	🗀 Name
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The name of the Limited Liability Company is:

R Yars Custom Paints and Stains LLC.

(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
4250 blown creek	4280 blaunt check
road tallahasee FL	Food tallahassee IC
3)3 C	<u> 3)31c </u>

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:

Jackie wathe hyais JR

HASO blount cheek road
Florida street address (P.O. Box NOT acceptable)

tallahassee FL 323/6

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)

SECRETARY OF STATE

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager $A \land C = Q$	Tookie marker Mikes
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(Use attachment if necessary) U.F.V.: Effective date, if other than the di	ate of filing:
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CLE V: Effective date, if other than the deeffective date is listed, the date must be see of filing.) If the date inserted in this block does not be determined on the Department's effective date on the Department's effective	specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be list at of State's records. A C S C S C C C C C C

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)