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(F	Requestor's Name)
	Address)
	Address)
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(I	Business Entity Name)
(1	Document Number)
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COVER LETTER

	New Filing Section Division of Corporations				
SUBJEC	Zeman's Interior Home §	Maintenance			
МРВ СС	···	Name of Limited Lial	pility Company		
The enclo	sed Articles of Organization	and fee(s) are submitt	ed for filing.		
Please ret	urn all correspondence conce	erning this matter to th	e following:		
	Caroline Zeman				
		Name	of Person		
	Zeman's Interior Home M	aintenance			
		Firm/	Company		
	3514 W. Euclid Ave				
		Ad	ldress		
	Tampa. Fl				
		-	and Zip Code		
	carolinezeman4@gmail.com E-mail addres		e annual report notificat	ion)	
For further	information concerning this		•		
	Caroline Zeman	847 at (8260512)		
	Name of Person	Area Code			
Enclosed	is a check for the following a	amount:			
□\$125.0	0 Filing Fee □\$130.00 Certificate	of Status Cert	155.00 Filing Fee & iffied Copy onal copy is enclosed)	ES160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address		Street Address		
	New Filing Section Division of Corpora	tions	New Filing Section Division The Centre of Tallahassee		
	P.O. Box 6327		2415 N. Monroe Stre		
	Tallahassee, FL 323	14	Tallahassee, FL 3230	03	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	any, "L.L.C" or "LLC." nited Liability Company Mailing	is:
•	Mailing	
lress:		Address:
	3514 W Euclid Ave	
	Tampa, FL 33629	
eman Name		_
Name		
	OT acceptable)	
Name iclid Ave	OT acceptable)	
	ed Office, & Registered as its own Registered Agregistration.)	·

(CONTINUED)

Registered Agent's Signature (REQUIRED)

2023 JAN 11 AM 3: 25

ARTICLE IVThe 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"	Caroline Zeman 3514 W Euclid Ave			
	Tampa,FL 3629			
MGR	Brian Zeman			
WOR	3514 W Euclid Ave			
	Tampa, FL 33629			
		_ _		
(Use attachment if necessary)				
ne document's effective date on the Departme RTICLE VI: Other provisions, if any.	ent of State's records.			
				
REQUIRED SIGNATURE:	7 / -			
	1 17 2	•		
	member or an authorized representative of a membe			
This document is exe	ecuted in accordance with section 605.0203 (1) (b), Flori also information submitted in a document to the Departm	da Statute	:S. ite	
	gree felony as provided for in s.817.155, F.S.	ciii oi sia	,	
7/	0001:070			
	avoline Leman	_		
	Typed or printed name of signee	~~4		
		ي م⊆	20	
\$125.00 Filing Fee for Articles of	Filing Fees:	` r-	,~	
	Filing Fees: Organization and Designation of Registered Agent	 	23	4=
	Organization and Designation of Registered Agent	Euri LAHA	23 JAN	
\$ 30.00 Certified Copy (Optional \$ 5.00 Certificate of Status (Opt	Organization and Designation of Registered Agent)	LAHASS	2023 JAN 1	
\$ 30.00 Certified Copy (Optional	Organization and Designation of Registered Agent)	LAHASSE	23 JAN I I	