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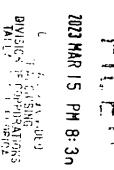
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificat es	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only

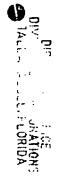
T. SCOTT MAR 1 5 2023



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PECEIVED

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Arts Remodeling LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the following:
Arthur Opannell Name of Person
Arts Remodeling LLC of North Florida
415 Chinaberry Lane
Havana Fla 32333 City/State and Zip Code
Artsremodeling trim Q gma. 1. Com E-mail address: to be used for future annual report notification)
For further information concerning this matter, please call.
Art Oponnell at 850 591-5368 Name of Person Area Code Daytime Telephone Number
linelosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee Certificate of Status
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ĸ	11	L.t.	l\:	ıme:

he name of the Limited Liability Company is:

Arts Remodeling LLC of North Florida (Must contain the words "Limited Liability Company, "L.I.C." or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	
415 Horas CHINA BERRY LANC		
Havara Fla 32333		

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 eather business entity with an active Florida registration.)

be name and the Florida street address of the registered agent are.

Art OPonnell

Name

415 Ching berry Lane

Florida street address (P.O. Box NOT acceptable)

Havana Fla 32333

City State Zip

iving been named as registered agent and to accept service of process for the above stated limited liability company at the codesignated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. If there agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I cantiliar 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)

2023 HAR 15 PH 8: 32 DIVISION OF CURPOR ATION

The name and address of each person :	nuthorized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Art ODonne 11 415 China bevry Lane Hovona Fla 32333
	
If an effective date is listed, the date must be s he date of filing.)	te of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Damel
Signature of a r This document is exec I am aware that any fal constitutes a third degr	nember or an authorized representative of a member, ruted in accordance with section 605.0203 (1) (b). Florida Statutes, lse information submitted in a document to the Department of State received for in s.817.155, F.S.
_A-+	Typed or printed name of signee

as

Fifing 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)