

A 20 23, 9:41 AM

Division of Corporations
 Florida Department of State
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 Electronic Filing Cover Sheet

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((H230001044213))



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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : CANYON VIEW SYSTEMS, LLC
 Account Number : I20220000118
 Phone : (877)757-9877
 Fax Number : (888)364-3940

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: mike@fig.us

FLORIDA LIMITED LIABILITY CO.
Vertical General Contracting LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Vertical General Contracting LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael C. Miller

Name of Person

Vertical General Contracting LLC

Limit Company

5425 46th Court West

Address

Bradenton Florida 34210

City/State and Zip Code

mike@fig.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael

801

836-4195

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 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)

Mailing Address

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

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2023 MAR 20 PM 10:28
TALLAHASSEE, FL
DIV OF STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Vertical General Contracting 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 Limited Liability Company is:

Principal Office Address:**Mailing Address:**5425 46th Court West
Bradenton, Florida 342105425 46th Court West
Bradenton, Florida 34210**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:

Michael C. MillerNot5425 46th Court WestFlorida street address (P.O. Box **NOT** acceptable)BradentonFL34210CityStateZip

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 ~~his~~ 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~~ **Chapter** 605, F.S.

DocuSigned by:

Michael MillerRegistered Agent's Signature **(REQUIRED)**

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:MGR
Michael C. Miller
5425 46th Court West
Bradenton, Florida 34210

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL).
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

DocuSigned by:

Michael Miller

5963-299548F4DE

Signature of a member or an authorized representative of a member.

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

Michael C. Miller

Typed or printed name of signer

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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