## L23000139626

(Req	uestor's Name)
(Add	lress)
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(City	/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	siness Entity Name)
(Doc	cument Number)
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Special Instructions to F	Filing Officer:
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01/19/23--01018--023 \*\*125.00

2028 FEE 25 PM 1: 39



February 7, 2023

MILES SEKHON 4724 N DAVIS HWY PENSACOLA, FL 32503

SUBJECT: TM EXTERIORS LLC Ref. Number: W23000016416

We have received your document for and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L22000142131.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 023A00002909

2023 F.S. 23 PM 1:39

## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: TM Exteriors 23 LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Miles Selchon Name of Person
TM Exteriors 23 LLC. Firm/Company
4724 N DAVIS HWY
Address
PENSACOLA, FL 32503
- City/State and Zip Code + mexteriors 2023@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Miles Sekhon at (850) 860 3768  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
XS125.00 Filing Fee Certificate of Status
Mailing AddressStreet AddressSection DivisionNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street. Suite 810Tallahassee. FL 32314Tallahassee. FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TV	M Exteriors	23 L	LC	
(Must contain	the words "Limited L	iability Compan	ıy, "L.L.C" or "L.	I.C.")
ARTICLE II - Address: The mailing address and street addre	ess of the principal of	fice of the Limit	ed Liability Comp	eany is:
Principal (	Office Address:		<u>Mail</u>	ling Address:
4724 N DAVIS H	łWY	_	4724 N DAVIS	
PENSACOLA, F	FL 32503		PENSACOLA	, FL 32503
another business entity with an acti	ve Florida registration	n.)	it. Tou must design	nate an individual or
another business entity with an acti  The name and the Florida street add	we Florida registration dress of the registered	agent are:	Lhon_	nate an marvidua or
another business entity with an acti	ve Florida registration dress of the registered	agent are:	Chon	nate an marvidua or
another business entity with an acti	ve Florida registration dress of the registered	agent are:  S Name  J DAVIS HWY	Chon	nate an marvidua or
another business entity with an acti	tree Florida registration  dress of the registered  Mile  4724 N  Florida street address	agent are:  S Selve  Name  J DAVIS HWY  (P.O. Box NO	T acceptable)	
another business entity with an acti	tree Florida registration  dress of the registered  Mile  4724 N  Florida street address	agent are:  S Selve  Name  J DAVIS HWY  (P.O. Box NO	Chon	
another business entity with an acti	trees of the registered  Arcas of the registered  Arcas of the registered  4724 N  Florida street address  PENSA  City  ent and to accept service thereby accept the approvisions of all statutes regations of my position of	agent are:  S Selvin Name  N DAVIS HWY  (P.O. Box NO  ACOLA FL,32  State  ce of process for interior to the process registered agents.)	T acceptable)  2503  The above stated listered agent and asper and complete per and complet	imited liability company at a gree to act in this capacity, performance of my duties, a in Chapter 605, F.S.,

(CONTINUED)

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А	RT	 . r.	IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager  M G P	Miles Sekhon 4724 NDAVISHWY PENSACOLAFIL 32503	
MGR	Trevor Rogers -520 Day worlds Dr -Pensaccia F2 32504	
ective date is listed, the date must be s of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to	or 90 da
EV: Effective date, if other than the datective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days prior to smeet the applicable statutory filing requirements, this date w	or 90 da
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EV: Effective date, if other than the date ective date is listed, the date must be sof filing.)  The date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man This document is exect a man aware that any fall.	specific and cannot be more than five business days prior to meet the applicable statutory filing requirements, this date was of State's records.	or 90 da
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EV: Effective date, if other than the date ective date is listed, the date must be sof filing.)  The date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a many This document is exect a many and constitutes a third degree.	nember or an authorized representative of a member.  The information submitted in a document to the Department of the fellony as provided for in s.817.155, F.S.	or 90 da