

623000 286431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

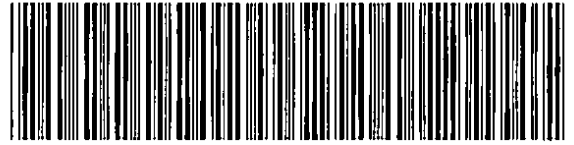
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/26/23--01033--003 **130.00

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: H & M PROFFESIONAL PAINTING SERVICES LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HARINTON G. MEDAL

Name of Person

H& M PROFFESIONA PAINTING SERVICES LLC

Firm/Company

11050 SW 196 STREET APT 203

Address

CUTLER BAY, FLORIDA 33157

City/State and Zip Code

ZIARAKIARA@HOTMAIL.COM

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

For further information concerning this matter, please call:

HARINTON G. MEDAL

305

395-9181

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

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TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

H & M PROFFESIONAL PAINTING SERVICES 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:

11050 SW 196 STREET APT 203
CUTLER BAY, FLORIDA 33157

Mailing Address:

11050 SW 196 STREET APT 203
CUTLER BAY, FLORIDA 33157

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:

HARINTON G. MEDAL

Name

11050 196 STREET APT 203

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

CUTLER BAY

City

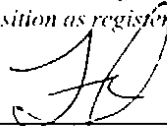
FLORIDA

State

33157

Zip

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE IV-

The 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

HARINTON G. MEDAL

11050 SW 196 STREET APT 203

CUTLER BAY, FLORIDA 33157

AMBR

ZULEYKA R. CRUZ

11050 SW 196 STREET APT 203

CUTLER BAY, FLORIDA 33157

(Use attachment if necessary)

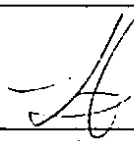
ARTICLE V: Effective date, if other than the date of filing: 05/22/2023 (OPTIONAL)

(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:



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.

Harinton G Medal

Typed or printed name of signee

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)

STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FL

2023 MAY 26 PM 10:33

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Florida TEMPORARY DRIVER LICENSE

CLASS E

IDENTIFICATION NUMBER: C620-996-78-792-1

CRUI
 12 JULIYKA RACHAEL
 111050 SW 195TH ST APT 203
 CUTLER BAY, FL 33157

1 DOB: 08/12/1978 SEX: F
 2 EXP: 12/31/2022 HEIGHT: 5'-04"
 3 REST: B 4 END: NONE

SAFE DRIVER
 4a EXP: 09/27/2021
 500 TACHING/8078

Operation of a motor vehicle constitutes consent to any sobriety test required by law

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SECRETARY OF STATE
 TALLAHASSEE, FL

Florida **DRIVER LICENSE**

M340-327-82-123-0 **CLASS E**

1 MEDAL

2 HARINTON GUSTAVO

3 11050 SW 196 ST APT 203

4 CUTLER BAY FL 33157

5 DOB 04/03/1982 SEX M

6 EXP 04/03/2030 HGT 5' 07"



7 REST NONE END A

8 ISS 06/04/2021

9 DDD X63220502060

REPLACED 05/02/2022

Operation of a motor vehicle constitutes consent to any sobriety test required by law.



FILED**2023 MAY 26 PM 10:33****CLERK OF STATE
TALLAHASSEE, FL**