# LZYVVV22\$439

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#### COVER LETTER

TO: New Filing Section **Division of Corporations** 

SUBJECT: CAH Pointing, LLC

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

Please return all correspondence concerning this matter to the following:

Tallahassee, FL 32314

Plaudia P Taylon CSH Painting. L+C Firm/Company 1306 blithe Ave Address Del tono Florido 32725 City/State and Zip Code City/State and Zip Code <u>Corfiz ZIO @ live. (om</u> <u>Claudid</u> ddress: (to be used for future annual report notification) <u>Claudid</u> q 579 @ gmaiL. Com For further information concerning this matter, please call: Plauding Taylowat (407) 9679422 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □\$160.00 Fitting Fee 🖸 \$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is endlosed) Mailing Address Street Address New Filing Section Division New Filing Section **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE 1 - Name:** The name of the Limited Liability Company is:

ECLH Pointing. LLC." or "LLC." 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: blothe 6 blythe fue fond El 327

### 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:

<u>Plandig P Toylok</u> Name <u>1306 Blythr Ave</u> Florida street address (V.O. Box <u>NOT</u> acceptable) <u>peltonot Fl 32725</u> City State 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. J 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..

hump pered Agent's Signature (REQUIRED)

(CONTINUED)



#### ARTICLE IV-

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> The name and address of each person authorized to manage and control the Limited Liability Company: 1

<u>Title:</u> "AMBR" = Authorized Member	Name and Address: Pla volion To	xy/08
"MGR" = Manager $AHBR$	1306 Blythe Ave Deltono Fl 32725	

(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,

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REOUIRED SIGNATURE:		20
pung	$\mathcal{P}_{\mathcal{C}}$	21 <sub>1</sub>
Signature of a member or an authorized representative of a member	er i	
This document is executed in accordance with section 605.0203 (1) (b), Flor		tes. 🗲
I am aware that any false information submitted in a document to the Departr		
constitutes a third degree felony as provided for in s.817.155, F.S.		
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Typed or printed name of signee	- · · · ·	ي
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Filing Fees:	E E E E E E E E E E E E E E E E E E E	

- \$ 30.00 Certified Copy (Optional)
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