L24000256445

(Re	equestor's Name)	
(Ad	Idress)	
(Ad	ldress)	
(,_,	
		
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
	siness Entity Name	<u></u>
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		1
		





300430113003

95/29/24--01008--003 **125.00

75.17

·.)

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Rame 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:
Mandy Posing Name of Person
Mich's Repairs, LLC
9472 Carnation Circle Address
Palmetto, FL 34221 City/State and Zip Code Richard Coward 45 e gmail, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Richard Coward at (912) 242-1023 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ S130.00 Filing Fee & ☐ S130.00 Filing Fee & ☐ S155.00 Filing Fee & ☐ Certificate of Status Certified Copy (additional copy is enclosed) ☐ 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Rich's Repairs	LLC
(Must contain the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:
9472 Carnation circle	9472 Carnation orale
Polmetto FL	Palmetto, FL
34221	34221

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:

Part Pogists

9472 Carnetion Circle

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

Polretto FL 34221

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. 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 Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized Member	
"MGR" = Manager	\circ \circ \circ \circ
MGR	Richard Conard 9472 Carpation Cinte Palmetto, FL 34221
	2472 Carpation Cinte
	Falmetto, FL 34221
	<u> </u>
	
•	
EV: Effective date, if other than the date	e of filing: (OPTIONAL)
EV: Effective date, if other than the date ctive date is listed, the date must be sp	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)	pecific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be sp f filing.) the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date ctive date is listed, the date must be sp filing.) he date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date ctive date is listed, the date must be sp filing.) he date inserted in this block does not nent's effective date on the Department	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date ctive date is listed, the date must be sp filing.) he date inserted in this block does not nent's effective date on the Department EVI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not tof State's records.
I.V: Effective date, if other than the date ctive date is listed, the date must be sp filling.) the date inserted in this block does not dent's effective date on the Department.	meet the applicable statutory filing requirements, this date will not tof State's records.
EV: Effective date, if other than the date ctive date is listed, the date must be sp. filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not tof State's records.
V: Effective date, if other than the date effice date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department ent's Other provisions, if any.	meet the applicable statutory filing requirements, this date will not tof State's records.
EV: Effective date, if other than the date etive date is listed, the date must be sport filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not tof State's records.
V: Effective date, if other than the date effice date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department ent's Other provisions, if any.	meet the applicable statutory filing requirements, this date will not tof State's records.
(V: Effective date, if other than the date entire date is listed, the date must be specifiling.) The date inserted in this block does not ent's effective date on the Department ent's Other provisions, if any. REOUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not to of State's records.
(V: Effective date, if other than the date entire date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department every contract of the date inserted in this block does not ment's effective date on the Department every contract of the date inserted in this block does not ment's effective date on the Department every contract of the date inserted in this block does not ment's effective date on the Department every contract of the date inserted in this block does not ment's effective date on the Department every contract of the date inserted in this block does not ment's effective date on the Department every contract of the date inserted in this block does not ment's effective date on the Department every contract of the date inserted in this block does not ment's effective date on the Department every contract of the date inserted in this block does not ment's effective date on the Department every contract of the date inserted in this block does not ment's effective date on the Department every contract of the date inserted in this block does not ment's effective date on the Department every contract of the date inserted in this block does not ment's effective date on the Department every contract of the date in the	meet the applicable statutory filing requirements, this date will not to of State's records.
EV: Effective date, if other than the date entire date is listed, the date must be specifiling.) The date inserted in this block does not ment's effective date on the Department evi: Other provisions, if any. REOUIRED SIGNATURE: Signature of a man of the date of the date inserted in this document is executed in the date must be specified in the date inserted in the date must be specified in the date inserted in this block does not be date on the Department in the date inserted in this block does not be date on the Department in the date inserted in this block does not be determined in the date inserted in the date in the date inserted in this block does not be determined in the date i	meet the applicable statutory filing requirements, this date will not to of State's records. The state of a member of the state
CV: Effective date, if other than the date entire date is listed, the date must be specifiling.) The date inserted in this block does not ment's effective date on the Department every contract of the date inserted in this block does not ment's effective date on the Department every contract of the date inserted in this block does not ment's effective date on the Department every contract of the date inserted in this block does not ment's effective date on the Department every contract of the date inserted in this block does not ment's effective date on the Department every contract of the date inserted in this block does not ment's effective date on the Department every contract of the date inserted in this block does not ment's effective date on the Department every contract of the date inserted in this block does not ment's effective date on the Department every contract of the date inserted in this block does not ment's effective date on the Department every contract of the date inserted in this block does not ment's effective date on the Department every contract of the date inserted in this block does not ment's effective date on the Department every contract of the date inserted in this block does not ment's effective date on the Department every contract of the date inserted in this block does not ment's effective date on the Department every contract of the date inserted in this block does not ment's effective date in the dat	meet the applicable statutory filing requirements, this date will not to of State's records. tember or an authorized representative of a member. ated in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State.
CV: Effective date, if other than the date entire date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department CVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a many This document is executed a many false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not to f State's records. Tember or an authorized representative of a member. ated in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the date ctive date is listed, the date must be sp filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a m This document is exect I am aware that any fals constitutes a third degree.	meet the applicable statutory filing requirements, this date will not to f State's records. Tember or an authorized representative of a member. ated in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the date ctive date is listed, the date must be sp filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a m This document is exect I am aware that any fals constitutes a third degree.	meet the applicable statutory filing requirements, this date will not to f State's records. Tember or an authorized representative of a member. ated in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.
CV: Effective date, if other than the date entire date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department CVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a many This document is executed a many false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not to of State's records. tember or an authorized representative of a member. ated in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State.

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

as