

C24000257064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

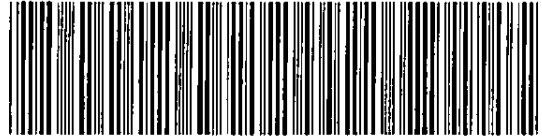
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 JUN 10 AM 9:47  
CLARK COUNTY, FL  
CLERK OF STATE

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2024 JUN 10 PM 3:11  
CLARK COUNTY, FL  
CLERK OF STATE

MS

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Ground-Up Exteriors 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:

Hank Armstrong Evans  
Name of Person

Firm/Company

8349 Queen Anna Dr  
Address

Tallahassee FL 32317  
City/State and Zip Code

groundupexteriorsllc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hank Evans at ( 850 ) 694-8776  
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

2024 JUN 10 AM 9:47  
TALLAHASSEE STATE  
DIVISION OF CORPORATIONS

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ground-Up Exteriors 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:

8349 Queen Anna  
Dr. Tallahassee FL 32317

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:

HANK EVANS

Name

8349 Queen Anna Dr

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

Tallahassee FL 32317

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

"MGR" = Manager

**Name and Address:**

MGR

Hank Evans  
8349 Queen Anne Rd  
Tallahassee FL 32317

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**

Kenn Co

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.

Hank Armstrong Evans

Typed or printed name of signee

**Filing Fees:**

**\$ 5.00 Certificate of Status (Optional)**

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2004 JUN 10 AM 9:47  
CLERK OF DISTRICT COURT  
JULIA A. STONE  
date will not be listed as