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(Requestor's Name) (Address) (Address)	700441816117
(Ĉity/State/Zip/Phone #)	01/14/2501008007 **125.00
Special Instructions to Filing Officer:	2025 JAN 14 AH IO: 46 An Amerika and a china An Amerika an An Amerika an

COVER LETTER

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

SUBJECT: 1-10/10mAn's Commercial Dainting IIc 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:

Ventice Holloman Name of Person

Firm/Company <u>Address</u> <u>Quilacy Fl. 32351</u> <u>City/State and Zip Code</u> 1.-<u>P</u> ڢ Veno. ent O Gr mall, com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ventue HollomAa 850 459-4486 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

€S125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

□S160.00 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 Tailahassee 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:

Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address: Mailing Address: 165 Ray Rd Onincy Fl. 32351 5 RAY Rd 7022 JVH 1 t 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 of another business entity with an active Florida registration.) Ĥ The name and the Florida street address of the registered agent are: ڢ Ventice Holloman <u>125</u> <u>RAY</u> <u>Ray</u> Florida street address (P.O. Box <u>NOT</u> acceptable) Quincly Fl 32351 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.

linture Hellono

tered Agent's Signature (REOUIRED)

(CONTINUED)

Please include The EIN #

ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager M G R	Pentice HollomAn 125 Ray Rod 32351	
	2025 JAN	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date of fil (If an effective date is listed, the date must be specific the date of filing.)	and cannot be more than five business days prior to or 90 days after	r
	the applicable statutory filing requirements, this date will not be listed a	as

ARTICLE VI: Other provisions, if any,

REOUIRED SIGNATURE: Holl 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. Ventice Hollomani Typed or printed name of signer **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)