

L23000134738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

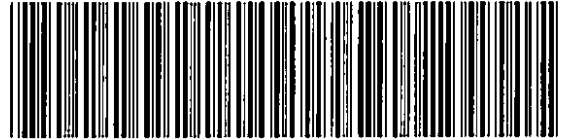
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500404499805

S. CHATHAM

MAR 24 2023

03/24/23--01001--014 **130.00

FILED RECEIVED
2023 MAR 24 AM 8:31 2023 MAR 24 AM 7:21
SECRETARY OF STATE DIRECTOR'S OFFICE
TALLAHASSEE, FLORIDA
REGISTRATION DIVISION
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: KUSTOM AND SONS REMODELING 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:

BRYCE LEE DUROCHER
Name of Person

Firm/Company

958 OLD BETHEL ROAD
Address

CRAWFORDVILLE FLORIDA 32327
City/State and Zip Code

BRYCE DUROCHER 2003@GMAIL.COM
E-mail address: (to be used for future annual report notification)

FILED
2023 MAR 24 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call.

JESSE Durocher at 050 559-8151
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KUSTOM AND SONS REMODELING 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:

958 OLD BETHEL ROAD
CRAWFORDVILLE FL 32327

Mailing Address:

SAME

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 other business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

BYRCE DUSOCHER

Name

958 OLD BETHEL ROAD

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

CRAWFORDVILLE FL 32327

City

State

Zip

FILED
2023 MAR 24 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FL

I, Byrce Dusocher, being named as registered agent and to accept service of process for the above stated limited liability company at the address 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..

Byrce Dusocher

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MBR

Name and Address:

KEITH FOSTER

2000 NORTH MERIDIAN STREET

TALLAHASSEE, FL 32303

FILED
2023 MAR 24 AM 8:31
SECRETARY OF STATE
TALLAHASSEE FL

TODAY 3-24-23

(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.

REQUIRED SIGNATURE:

Boyer Durocher

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.

Boyer Durocher

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)