

L15000061115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

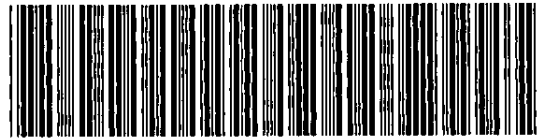
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/08/15--01008--011 **125.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE
REGISTRATION
15 APR - 8 AM 11:38
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

APR 8 2015
15 APR - 8 AM 11:42
CORPORATE REGISTRATION
DIVISION

K. SALY
EXAMINER
APR - 8 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOHN ALLEN PAINTING CO. 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:

JOHN ALLEN
Name of Person

JOHN ALLEN PAINTING CO.
Firm/Company

12787 FOREST RUN CT
Address

TALLAHASSEE FL 32317.
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
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
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

I JOHN ALLEN

RECEIVED
DEPARTMENT OF STATE
15 APR - 8 AM 11:43

HAVE NO INTENTIONS

OF RETIRING

JOHN ALLEN PAINTING

CO. DOC. # P130000475
67

I RELEASE THE NAME

John Allen

RECEIVED
DEPARTMENT OF STATE
15 APR - 8 AM 11:41
NO. 100-100000
TO ALL KNOWLEDGE
SUFFICIENCY OF FILING

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JOHN ALLEN PAINTING CO. LLC
(Must end with 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:

12787 FOREST RUN CT _____
TALLAHASSEE _____
FL 32317 _____

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

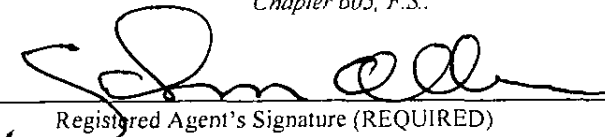
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JOHN ALLEN
Name
12787 FOREST RUN CT
Florida street address (P.O. Box NOT acceptable)
TALLAHASSEE FL 32317
City Zip

TEMP - 8 MAR 11 12

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'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

AMBR

Name and Address:

John Allen
12787 FOREST RUN CT
FALL ANNASSEE FL 32317

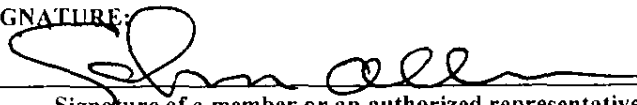
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

John Allen

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)

15 APR - 8 AM 11:42
STATE OF FLORIDA
DEPARTMENT OF STATE