# 4030000 46012

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dasiness Linky Walle)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u></u>

Office Use Only



700024719477

11/17/03-01067--010 \*\*125.00

AL

FILED TRANSMITTAL LETTER 03 NOV 17 AH 10: 59 TO: Registration Section Division of Corporations DECRETART OF STATE TALLAHASSEE, FLORIDA Westport Painters, LLC SUBJECT: (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: Bruce Melillo (Name of Person) Westport Painters (Firm/Company) 4126 29th Ave N (Address) St. Petersburg, FL 33713 (City/State and Zip Code) For further information concerning this matter, please call:

STREET ADDRESS:

(Name of Person)

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Bruce Melillo

MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## FILED

### ARTICLES OF ORGANIZATION **FOR**

## 03 NOV 17 AM 10: 59

FLORIDA LIMITED LIABILITY COMPANY CONTRACTOR STATE FALLABASSEE, FLORIDA

ARTICLE II - A The mailing addr		incipal office of the Limited Liability Compa		
Principal Office	Address:	Mailing Address:		
4126 29th Av	ve N	4126 29th Ave N		
St Petersbur	g, FL 33713	St Petersburg, FL 33713		
ARTICLE III - 1	Registered Agent, Registered	Office, & Registered Agent's Signature: egistered agent are:		
ARTICLE III - 1	Florida street address of the r			
ARTICLE III - 1	Florida street address of the response Bruce Melillo  Name			
ARTICLE III - 1	Florida street address of the r	egistered agent are:		
ARTICLE III - 1	Bruce Melillo  Name  4126 29th Ave N	egistered agent are:		

Page 1 of 2 (CONTINUED)

FILED

ARTICLE IV- Manager(s) or Managing Member(s):		O3 NOV	7 AM 10: 51
	e name and address of each Manager or Managing Member is as follows:		on Or STATE SSFE, FLORID
<u>Title:</u> "MGR" = Manager	Name and Address:	}*  {; ⊷∏ <sub>éq.</sub>	sare, FLORID,
"MGRM" = Managing Member			
MGR	Bruce Melillo		<del>_,</del> ,
	4126 29th Ave N		۳.
	St Petersburg, FL 33713		
			** * W 24
	· -		
			•
		<del> </del>	
			-
Use attachment if necessary)			
NOTE: An additional article must l	be added if an effective date is request	ted.	
REQUIRED SIGNATURE:			
B Man	l.lla		
<u> </u>	authorized representative of a member.		_
	08.408(3), Florida Statutes, the execution		

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

Bruce Melillo

- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee