

L030000048404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

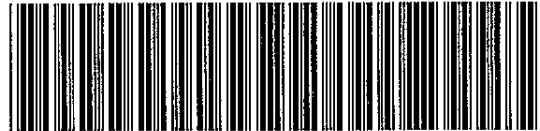
(Business Entity Name)

(Document Number)

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

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EFFECTIVE DATE  
1-1-04

12/01/03--01017--014 \*\*130.00

RECEIVED  
03 DEC -1 AM 9:38  
DIVISION OF CORPORATION

FILED  
03 DEC -1 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC - 1 2003

EFFECTIVE DATE  
1-1-04

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: James Pope Painting + Building 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:

James A Pope  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

32 Hideaway Lane Crawfordville 32827  
(Address)

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

James A Pope at (850) 926-2115  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED  
03 DEC -1 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE  
1-1-04

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

James Pope Painting & Building LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

32 Hideaway Lane  
Crawfordville FL  
32327

#### Mailing Address:

32 Hideaway Lane  
Crawfordville FL  
32327

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

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

James A Pope  
Name  
32 Hideaway Lane  
Florida street address (P.O. Box NOT acceptable)  
Crawfordville FL 32327  
City, State, and Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 608, F.S.*

James A Pope  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

*Managing Member*

**Name and Address:**

*James A Pope*  
*32 Hideaway Lane*  
*Crawfordville FL*  
*32327*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 DEC -1 AM 10:00

FILED

(Use attachment if necessary)

*EFFECTIVE date shall be 1-1-04*

NOTE: An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

*James A Pope*

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

*James A Pope*

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)