

L03 000050325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

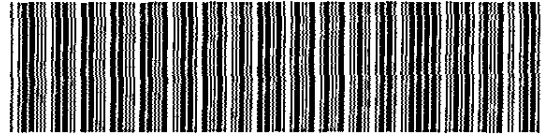
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paper hanging & Painting by Jim Stephan, 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 L. Stephan
(Name of Person)

Paper hanging & Painting by Jim Stephan, LLC
(Firm/Company)

2153 Bergren Rd
(Address)

Gulf Breeze FL 32563
(City/State and Zip Code)

For further information concerning this matter, please call:

Jami S. Adkerson

James Stephan
(Name of Person)

at (850) 437-5446
(Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

ARTICLES OF ORGANIZATION
FOR
PAPERHANGING & PAINTING BY JIM STEPHAN, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida statute 608.407, hereby adopt(s) the following:

ARTICLE I NAME

The name of the corporation is:

PAPERHANGING & PAINTING BY JIM STEPHAN, LLC.

ARTICLE II ADDRESS

The mailing address and the street address of the principal office of the limited liability company is:

2153 Bergren Rd, Gulf Breeze FL 32563

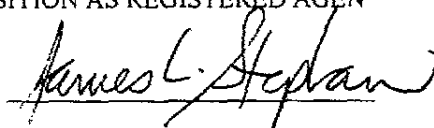
ARTICLE III REGISTERED AGENT

The name and street address of the limited liability company's registered agent is as follows:

1. the name of the limited liability company is:
Paperhanging & Painting by Jim Stephan, LLC.
2. The name and address of the registered agent and office is:
James L Stephan
2153 Bergren Rd
Gulf Breeze FL 32563

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 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, FLORIDA STATUTES.

SIGNATURE


(Registered Agent)

DATE

November 24, 2003

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TALLAHASSEE, FLORIDA

ARTICLE IV MANAGERS OR MANAGING MEMBERS

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

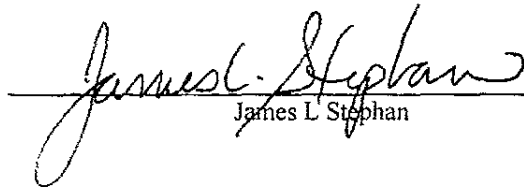
Title

Name and Address:

James L Stephan, MGRM

2153 Bergren Rd
Gulf Breeze FL 32563

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


James L Stephan

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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