

L03000051023

(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



500024990725

12/01/03--01062--019 **125.00

12/12/09

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC -1 AM 10:45

R
P

PROFESSIONAL BUSINESS SERVICE

104 SW 3RD AVENUE

OKEECHOBEE, FL 34974-4217

November 24, 2003

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

Dear Sir:

Enclosed please find Articles of Incorporation for ENGLEHART PAINTING & WALLPAPER, LLC.
along with a check in the amount of \$ 125 for filing fee and designated agent.

Also enclosed is a photocopy of the Articles. Please return this to me with the filing date stamped
on it.

Thank You,

Lois Gray
Lois Gray, Owner

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC - 1 AM 10:45

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Englehart Painting & Wallpaper, 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:

Lois Gray
(Name of Person)

Professional Business Service
(Firm/Company)

104 SW 3rd Avenue
(Address)

Okeechobee, FL. 34974-4217
(City/State and Zip Code)

For further information concerning this matter, please call:

Lois Gray at (863) 763-4591
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC - 1 AM 10:45

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
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Englehart Painting & Wallpaper, 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:

2205 SW 3rd Avenue
Okeechobee, FL 34974

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

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

Lois Gray
Name
104 SW 3rd Avenue
Florida street address (P.O. Box NOT acceptable)
Okeechobee, FLORIDA 34974
City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC - 1 AM 10:45

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, Florida Statutes..

Lois Gray
Registered Agent's Signature

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

Name and Address:

MGR

John P. Englehart
2205 SW 3rd Avenue
Okeechobee, FL 34974

(Use attachment if necessary)

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
03 DEC -1 AM 10:46

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

REQUIRED SIGNATURE:

John P. Englehart
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.)

John P. Englehart
Typed or printed name of signer

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)