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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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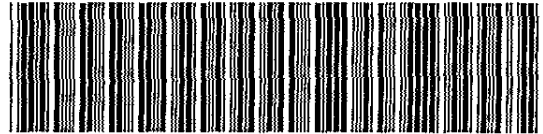
Certificates of Status _____

Special Instructions to Filing Officer:

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12/03/03--01056--011 **155.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

03 DEC -3 PM 3:25

FILED

IncAdvantage.com, Inc.



51 Everett Drive, Suite B-60
P. O. Box 927
West Windsor, NJ 08550-0927
877-462-2388
Fax: 609-716-0820

December 1, 2003

Division of Corporations
Florida Department of State
409 E. Gaines Street
Tallahassee, FL 32314

RE: CP Interior Textures LLC

Dear Sir/Madam,

For the purposes of forming the above captioned entity, enclosed herewith in duplicate is Articles of Incorporation accompanied by our check in the amount of \$ 155.00

Please proceed with the filing of the enclosed, returning official receipts and evidence to the undersigned.

If you should need additional information, please do not hesitate to contact our office at 877-462-2388.

Thank you in advance for your cooperation in this matter.

Sincerely,

Zulma M. Howarth
Encls.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CP Interior Textures 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:

Zulma Howarth

(Name of Person)

IncAdvantage.com, Inc.

(Firm/Company)

PO Box 927

(Address)

West Windsor, NJ 08550-0927

(City/State and Zip Code)

For further information concerning this matter, please call:

Zulma Howarth

(Name of Person)

at (877) 462-2388

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CP Interior Textures LLC

ARTICLE II - Address:

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

Principal Office Address:

4207 Barker Drive

Elfers, Florida 34654

Mailing Address:

PO Box 202

Elfers, Florida 34654

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

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

Craig Peters

Name

4207 Barker Drive

Florida street address (P.O. Box NOT acceptable)

Elfers

FL 34654

City, State, and Zip

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..

Craig Peters

by:

Registered Agent's Signature

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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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:

MGRM

Craig Peters

4207 Barker Drive

Elfers, Florida 34654

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**
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.)

Craig Peters - Member

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)