

L03000055886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

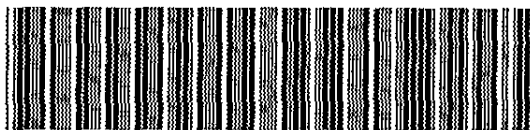
(Business Entity Name)

(Document Number)

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

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EFFECTIVE DATE  
11-04

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*Handwritten signature*

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03 DEC 24 PM 3:15  
DIVISION OF CORPORATION

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** O W LEE PLASTERING 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:

PATRICIA LEE

(Name of Person)

O W LEE PLASTERING LLC

(Firm/Company)

P.O. BOX 6063

(Address)

JACKSONVILLE FLORIDA 32236

(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA LEE

(Name of Person)

at ( 904 )

626-3253

(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

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03 DEC 24 PM 3:21  
SEAL OF THE STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE  
1-1-04

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

03 DEC 24 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

O W LEE PLASTERING LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

7871 SPRINGTIME LANE

JACKSONVILLE, FL 32221

**Mailing Address:**

P.O. BOX 6063

JACKSONVILLE, FL 32236

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

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

OLIN LEE

Name

7871 SPRINGTIME LANE

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

JACKSONVILLE, FLORIDA 32221

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, Florida Statutes..*



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 M

OLIN LEE

P.O. BOX 6063

JACKSONVILLE, FL 32236

MGRM

PATRICIA LEE

P.O. BOX 6063

JACKSONVILLE, FL 32236

(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:**

  
\_\_\_\_\_  
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.)

PATRICIA LEE

\_\_\_\_\_  
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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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