

U03000050507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

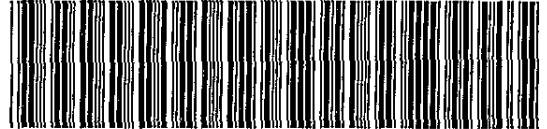
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EFFECTIVE DATE 1/1/04



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FILED  
FALL 2003  
FLORIDA

03 DEC 17 AM 11:11

FILED

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Chancey's Painting, 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:

Christopher D. Chancey  
(Name of Person)

Chancey's Painting, LLC  
(Firm/Company)

C/O P. O. Box 1568  
(Address)

Lynn Haven, FL 32444  
(City/State and Zip Code)

For further information concerning this matter, please call:

Connie E. Tharpe at ( 850 ) 785-4412  
(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

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Chancey's Painting, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

3100 Spring Lake Road

DeFuniak Springs, FL 32435

**Mailing Address:**

3100 Spring Lake Road

DeFuniak Springs, FL 32435

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

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

Christopher D. Chancey

Name

3100 Spring Lake Road

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

DeFuniak Springs, FLORIDA 32435

City, State, and Zip

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FILED  
STATE OF FLORIDA  
TALLAHASSEE

*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:**

MGRM

Christopher D. Chancey

3100 Spring Lake Drive

DeFuniak Springs, FL 32435

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(Use attachment if necessary)

ADD ARTICLE

ARTICLE V - Designation of Effective Date

The effective date for this company will be January 1, 2004.

**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.)

Christopher D. Chancey

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)