

L03 000056613

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BOLAND PAINTING AND REPAIR 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:

CHARLES P. BOLAND  
(Name of Person)

(Firm/Company)

POST OFFICE BOX 415  
(Address)

WACISSA, FL. 32361  
(City/State and Zip Code)

FILED  
03 DEC 30 AM 11 14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CHARLES P. BOLAND at ( 850 ) 997-4393  
(Name of Person) (Area Code & Daytime Telephone Number)

200025844882  
12/30/03 --01006--008 \*\*130.00

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

12/30/03  
MPL

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

FILED  
03 DEC 30 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BOLAND PAINTING AND REPAIR LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

POST OFFICE BOX 415

WACISSA, FL. 32361

**Mailing Address:**

POST OFFICE BOX 415

WACISSA, FL. 32361

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

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

CHARLES P. BOLAND

Name

14394 WAUKEENAH HIGHWAY

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

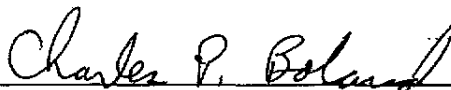
WACISSA

FLORIDA

32361

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

CHARLES P. BOLAND

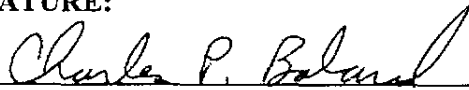
POST OFFICE BOX 415

WACISSA, FL. 32361

(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.)

CHARLES P. BOLAND

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)