

603000050808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

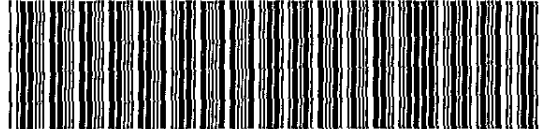
Certified Copies 1 Certificates of Status 1

Special Instructions to Filing Officer:

12/19 FL CC

CC+LUS

Office Use Only



000025628580

12/19/03--01053--013 **160.00

MJH

CLERK OF COURT
TALLAHASSEE, FLORIDA

03 DEC 19 PM 5:11

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Michael Boyer 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:

Michael Boyer- Sole Owner
(Name of Person)

Boyer Painting

(Firm/Company)

157 Johns Glen Drive

(Address)

Jacksonville, Florida 32259

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Boyer

(Name of Person)

at (904)

287-2203

(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:

Michael Boyer Painting, LLC

ARTICLE II - Address:

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

Principal Office Address:

157 Johns Glen Drive

Jacksonville, Florida

32259

Mailing Address:

157 Johns Glen Drive

Jacksonville, Florida

32259

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

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

Michael Boyer

Name

157 Johns Glen Drive

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

Jacksonville, FLORIDA 32259

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..

Michael Boyer
Registered Agent's Signature

FILED
03 DEC 19 PM 5:11
STATE OF FLORIDA
TALLAHASSEE

The name and address of each Manager or Managing Member is as follows:

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Michael Bayer
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.)

Michael Boyer

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)