## L04000002882

(Requestor's Name)		
(Address)		
(Address)		
(City	/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
	/ N	
(Bus	iness Entity Nam	ne)
<b>(</b>	<b>,</b>	,
(Doc	cument Number)	
,500	allion, E, tullion,	
Certified Copies	Cortificates	of Statue
Certified Copies	Centificates	OI Status
Special Instructions to F	iling Officer:	:

Office Use Only



800025715218

U1/12/04--01031--027 \*\*125.00

04 JAN 12 PM 1:37

OL JAN 12 PM 1:1

## TRANSMITTAL LETTER

SUBJECT: Sponge Bob & Square Pants Painting LLC (Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Registration Section

Please return all correspondence concerning this matter to the following:

(Firm/Company)

13 yellow Jacket Ave

Sopchoppy Flan
(Cipy/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

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

OF JAN 12 PH 1: 49
SELVE WILL OF STATE

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Sponge Bob & Squar pants Painting LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

BILLY Roddent

For Box 464

Sopchoppy Fla 32358

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

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

13 Yellow Jacket

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

Sopchoppy FL 32358

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 psy-position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature

(CONTINUED)

# 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 Managing Member

Maringing Member

Bill Robbing

13 Yellow Jacket Ave

Sopehoppy Fla. 32358

Maring Members

Managing Members

Managing Members

Managing Members

Alvin Johnson

13 Yellow Jacket Ave

Sopchoppy Fla. 32358

(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.)

Bruy Koopenberry
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)

04 JAN 12 PH 1: 49