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DIVISION OF CUBIT FAT

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Rayborn's Custom Coatings, L.L.C. (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:	
Steve Rayborn (Name of Person)	
Rayborn's Custom Coatings	TALLAHASS
3230 BEAWOLF Drive	E, FLORIC
Tailahassee FL 32312 (City/State and Zip Code)	Þ
For further information concerning this matter, please call:	
Gretchen Rayborn at (850) 553-7860 (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:	
Rayborn's Custom Coa	tings, LLC
ARTICLE II - Address: The mailing address and street address of the principal of	9
Principal Office Address:	Mailing Address:
3230 SEAWDIE Drive Tallahassee, FL 32312	- Samé
ARTICLE III - Registered Agent, Registered Office,	& Registered Agent's Signature:
The name and the Florida street address of the registered	d agent are:
Steve Raybor Name	<u>~</u>
3230 SEAWOIF L Florida street address (P.O. Box NO	
Tallahasse FL City, State, and Zip	<u>3231 2</u>
Having been named as registered agent and to accept seliability company at the place designated in this certificate registered agent and agree to act in this capacity. I further statutes relating to the proper and complete performance accept the obligations of my position as registered agents.	tte, I hereby accept the appointment as her agree to comply with the provisions of all e of my duties, and I am familiar with and t as provided for in Chapter 608, F.S
Registered Agent's Signatu	LAN Z

Page 1 of 2

(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	Name and Address:
mbr m	Steve Rayboin 3230 Sfawolf Dr. Tallahasset, Fl 32312
MGRM	Gretchen Rayborn - Same as above-
	OL JAN
	26 AM 9: 4 ASSEE, FLORI
(Use attachment if necessary) NOTE: An additional article must be	e 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.)

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)