

LO40000008979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

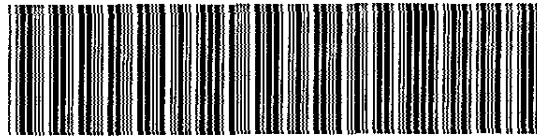
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04 JAN 26 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO4-8979
a

EFFECTIVE DATE
1-22-04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANTHONY'S WALLPAPER & PAINTING, LLC

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

☐ \$125.00
Filing fee & Designation
of Registered Agent

☒ \$130.00
Filing Fee, Designation of
Registered Agent, &
Certificate of Status

☐ \$160.00
Filing Fee, Designation
of Registered Agent,
Certified Copy, &
Certificate of Status

Please return all correspondence concerning this matter to the following:

ANTHONY G. BISKNER
43 JUSTIN DRIVE
APOPKA, FL 32712

For Further information concerning this matter, please call ANTHONY G. BISKNER at 407-464-6674.

Street Address:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION

OF

ANTHONY'S WALLPAPER & PAINTING, LLC

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: ANTHONY'S WALLPAPER & PAINTING, LLC

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 43 JUSTIN DRIVE, APOPKA, FL 32712.

ARTICLE III - REGISTERED AGENT

The registered agent of this corporation shall be:

<u>NAME</u>	<u>ADDRESS</u>
ANTHONY G. BISKNER	43 JUSTIN DRIVE APOPKA, FL 32712

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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, F.S.


ANTHONY G. BISKNER

EFFECTIVE DATE
1-22-04

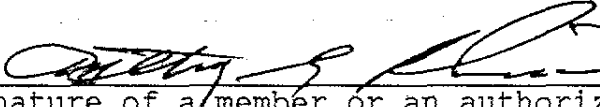
ARTICLE IV - MANAGEMENT

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

<u>Title:</u>	<u>Name and Address:</u>
President:	ANTHONY G. BISKNER 43 JUSTIN DRIVE APOPKA, FL 32712
Secretary:	ANTHONY G. BISKNER 43 JUSTIN DRIVE APOPKA, FL 32712
Treasurer:	ANTHONY G. BISKNER 43 JUSTIN DRIVE APOPKA, FL 32712

ARTICLE V - EFFECTIVE DATE

The effective date of the Limited Liability Company is recorded to be 1-22, 2004.



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.)

Anthony G Biskner

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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IN WITNESS WHEREOF, We have hereunto set our hands and seals,
acknowledged and filed the foregoing Limited Liability Company under the
laws of the State of Florida this 1 day of 22,
20 04.


ANTHONY G. BISKNER

STATE OF FLORIDA)
)
COUNTY OF SEMINOLE)

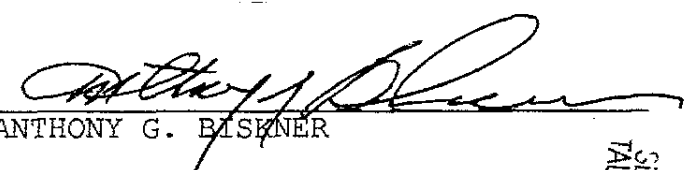
The foregoing instrument was acknowledged before me this 22nd day
of January, 2004, by ANTHONY G. BISKNER, who is personally
known to me or who has produced driver's license as identification and
who did take an oath. FL DL B256-316-52-172-0




Notary Public, State of Florida
At Large

My Commission Expires:

Having been named as Registered Agent and to accept Service of
Process for the above-stated company at the place designated herein, 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.


ANTHONY G. BISKNER

DATE: 1-22-04

04 JAN 26 PM 12:15
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA