

L04600009066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

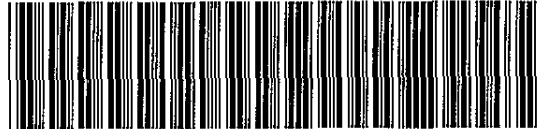
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400025707824

02/03/04--01047--012 **125.00

RECEIVED
04 FEB -3 PM 1:00
DIVISION OF CORPORATION

FILED
04 FEB -3 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- DOMINICK PAINTING SERVICES, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED
04 FEB -3 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FL 32304

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OF

DOMINICK PAINTING SERVICES, LLC

ARTICLE I - NAME

The name of the corporation is Dominick Painting Services, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 15175 S.E. 73rd Avenue, Summerfield, FL 34491

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE

& REGISTERED AGENT'S SIGNATURE

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

Brett L. Swigert
531 N. Bay Street
Eustis, FL 32726

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 provided for in Chapter 608, F.S.


Registered Agent's Signature

ARTICLE IV - COMPANY TYPE

The company is to be a manager managed company.

IN WITNESS WHEREOF, the undersigned has made and subscribed these Articles of Organization on the 1/28/04 day of January, 2004.


Henry A. Dominick, 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.)

FILED
04 FEB -3 PM 1:59
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED
04 FEB -3 PM 1:59