

L04000013079

(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



000028276570

02/06/04--01057--022 **130.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

04 FEB -6 PM 1:52

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JONES PAINTING
(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:

RAY W JONES
(Name of Person)

JONES PAINTING
(Firm/Company)

2909 SE 39 AVE
(Address)

OKeechObee FLA 34974
(City/State and Zip Code)

SECRET
MAIL ROOM
TALLAHASSEE, FLORIDA

04 FEB -6 PM 1:52

FILED

For further information concerning this matter, please call:

X Ray W Jones at (863) 357-1498
(Name of Person) (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:

JONES PAINTING LLC

ARTICLE II - Address:

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

Principal Office Address:

2909 SE 39 AVE
OKeechobee FLA
34974

Mailing Address:

2909 SE 39 AVE
OKeechobee FLA 34974

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

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

RAY W JONES
Name

2909 SE 39 AVE
Florida street address (P.O. Box NOT acceptable)

OKeechobee, FLORIDA 34974
City, State, and Zip

FILED
04 FEB -6 PM 1:52
TALLAHASSEE, FLORIDA

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..

X Ray W Jones
Registered Agent's Signature

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:

MAN 6.

RAY W. JONES
2909 SE 39 AVE
OKEEHOBEE, FL 34974

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

X Ray W Jones

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 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)