

# L04000014753

(Requestor's Name)

(Address)

(Address)

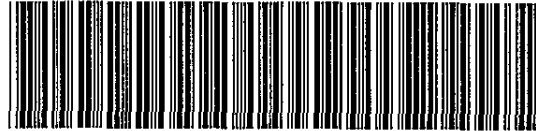
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



200028391482

02/16/04--01008--007 \*\*130.00

Special Instructions to Filing Officer:

Name Availability	
Document Examiner	DCC
Updater	Office Use Only
Updater Verifier	DCC
Acknowledgement	DCC
W/P Verifier	DCC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 FEB 13 AM 9:36

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DAVID T. ADAMS PAINTING, LLC  
(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:

DAVID T. ADAMS  
(Name of Person)

DAVID T. ADAMS PAINTING, LLC  
(Firm/Company)

P. O. BOX 1234  
(Address)

CRESTVIEW, FLORIDA 32536  
(City/State and Zip Code)

For further information concerning this matter, please call:

PAT ADAMS at ( 850 ) 682-4468  
(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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**04 FEB 13 AM 9:36**

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DAVID T. ADAMS PAINTING, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

8651 HWY 85 NORTH

LAUREL HILL, FL 32567

**Mailing Address:**

P. O. BOX 1234

CRESTVIEW, FL 32536

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

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

DAVID T. ADAMS  
Name

8651 HWY 85 NORTH  
Florida street address (P.O. Box **NOT** acceptable)

LAUREL HILL FLORIDA 32567  
City, State, and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 FEB 13 AM 9:36

*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..*

David T. Adams  
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:**

"MGR"

DAVID T. ADAMS

8651 HWY 85 NORTH

LAUREL HILL, FL 32567

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

*David T Adams*

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.)

DAVID T. ADAMS

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 FEB 13 AM 9:36

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS