

W4006016047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

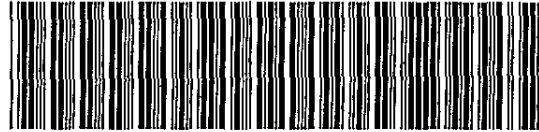
(Business Entity Name)

(Document Number)

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

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02/03/04--01016--003 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FEB 5 11:25:25

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Will Wait  
OK



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 16, 2004

CHARLES SMITH  
38 WILLIE JENKINS ROAD  
CRAWFORDVILLE, FL 32327

SUBJECT: STROKES PAINTING  
Ref. Number: W04000006481

We have received your document for STROKES PAINTING and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 304A00010351

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TALLAHASSEE, FLORIDA

14 FEB 15 PM 12:26

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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STROKES 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:

CHARLES SMITH  
(Name of Person)

STROKES PAINTING  
(Firm/Company)

38 WILHE JENKINS RD.  
(Address)

CRAWFORDVILLE, FL 32327  
(City/State and Zip Code)

For further information concerning this matter, please call: cell phone - 850-294-4583

CHARLES SMITH at (850) 421-8788  
(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

STROKES PAINTING L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

38 WILLIE JENKINS RD.  
CRAWFORDVILLE, FL 32327

SAME

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

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

CHARLES SMITH

Name

38 WILLIE JENKINS RD.

Florida street address (P.O. Box **NOT** acceptable)

CRAWFORDVILLE FL 32327

City, State, and Zip

*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.*

Charles Smith

Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

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**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:**

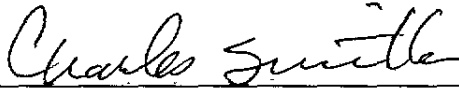
MGR

38 CHARLES SMITH  
38 WILLY JENKINS RD.  
CRAWFORDVILLE, FL 32327

(Use attachment if necessary)

**NOTE: An additional article must be 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.)

CHARLES SMITH

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 FEB 15 PM 12:25

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