64000019697

10789-02595-00671

. 00		
(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: S//2 FL LC		

WO4-8748
Office Use Only



400028784174

MJM

02/20/04--01045--019 **125.00

04 HSR 12 FH 1: 18

called 8/3/10/nactions no answer invoicemais

TRANSMITTAL LETTER

Registration Section TO: Division of Corporations

SUBJECT:

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 3, 2004

DAVID F. BASS DFB PAINTING 3436 HWY 2 BONIFAY, FL 32425

SUBJECT: DFB PAINTING Ref. Number: W04000008748

We have received your document for DFB 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) 245-6967.

Letter Number: 804A00014340

Michelle Hodges Document Specialist

Division of Corporations - P.O. ROX 6327 - Tallahassae Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	• .
DFB Painting	L.L.C.
ARTICLE II - Address: The mailing address and street address of the principle.	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3436	3436
Hwy 2	Hwy Z
Bonifay, FL 32425	Bonifay, FL 32425
ARTICLE III - Registered Agent, Registered Of The name and the Florida street address of the regis	atorod agent are:
David F. 1	Sacret agent are. Sacret agent are. NAR 12
3436 HW Florida street address (P.O. B	ox NOT acceptable)
Bonifay City, State and	FLORIDA 32425
ng been named as registered agent and to accept services	

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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	David F. Bass 3436 Huy 2 Bonifax, Florida 32425
(Use attachment if necessary)	SEC 244
REQUIRED SIGNATURE: Signature of a member or a	be added if an effective date is requested. July 10 to 10 t
of this document constitutes that the facts stated herein ar	1 1 E B-00

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)