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| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
| (Ad                     | dress)            |           |
| (Ad                     | dress)            |           |
| (Cit                    | y/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT            | MAIL      |
| (Bu                     | siness Entity Nan | ne)       |
| (Do                     | cument Number)    |           |
| Certified Copies        | Certificates      | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   |           |

Office Use Only



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March 9, 2004

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 6327

Re: Corky Smallwood's Painting, LLC

Dear Sirs:

Please find enclosed herewith the original and one copy of Articles of Organization for Corky Smallwood's Painting, LLC and my trust account check number 2148 in the amount of \$155.00 made payable to the Florida Department of State as follows: Filing Fee - \$100.00; Designation of Registered Agent Fee - \$25.00; and Certified copy fee of \$30.00.

Thank you for your attention and cooperation herein.

I. West as

Sincerely.

TERRY T. NEAL

[signed in her absence with prior review to avoid delay]

TTN/als Enclosures FILED

2004 HAR 15 PH 12: 13

2004 HAR 15 PH 12: 13

### TRANSMITTAL LETTER

|                   | ration Section on of Corporations  |
|-------------------|--|
|                   | CORKY SMALLWOOD'S PAINTING, LLC  (Name of Limited Liability Company)  rticles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  TERRY T. NEAL  (Name of Person) |
| The enclosed Ar   | rticles of Organization and fee(s) are submitted for filing.   |
|                   | Please return all correspondence concerning this matter to the following:  |
|                   | TERRY T. NEAL  |
|                   | (Name of Person)   |
|                   | TERRY T. NEAL, P.A.  |
| <del></del>       | (Firm/Company)   |
|                   | Post Office Box 490327   |
|                   | (Address)  |
|                   | Leesburg, FL 34749-0327  |
|                   | (City/State and Zip Code)  |
| For further infor | rmation concerning this matter, please call:   |
| Terry T.          | Neal 352 323-8000  |
|                   | (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

| TO THE SECOND OF THE PARTY OF T |  |
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| Only S   |  |

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

CORKY SMALLWOOD'S PAINTING, LLC

### **ARTICLE II - Address:**

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

| Principal Office Address: | Mailing Address: |
|---------------------------|------------------|
| 8572 E. C.R. 466          | 8572 E. C.R. 466 |
| Oxford, FL 34484          | Oxford, FL 34484 |
|                           |                  |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Name

8572 E..C.R. 466

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

Oxford

FLORIDA 34484

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

| <u>tle:</u><br>AGR" = Manager<br>AGRM" = Managing Member | Name and Address:                       | 1933<br>1937 |
|--|---|--------------|
| 1GR  | Marvin O. Smallwood<br>8572 E. C.R. 466 | 'OR          |
|  | Oxford, FL 34484                        |              |
|  |   |              |
|  |   |              |
|  |   |              |
|  |   |              |

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

**REQUIRED SIGNATURE:** 

Signature of a member or an outhorized 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.)

Marvin O. Smallwood

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)