

L04000030890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

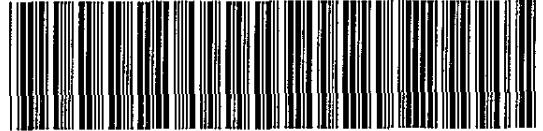
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500032447905

04/19/04--01073--010 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 19 PM 2:56

FILED

4/23
mist

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN PAINTING & MASONRY, 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:

LUANN LA ROCCO
(Name of Person)

AMERICAN PAINTING & MASONRY, LLC
(Firm/Company)

P.O. Box 6072

3205 BUMP NOSE ROAD
(Address)

MARIANNA, FL 32447
(City/State and Zip Code)

For further information concerning this matter, please call:

LUANN LA ROCCO at (850) 526-7607
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 19 PM 2:57

FILED

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

04 APR 19 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMERICAN PAINTING & MASONRY, LLC

ARTICLE II - Address:

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

Principal Office Address:

3205 BUMP NOSE ROAD
MARIANNA, FL 32447

Mailing Address:

P.O. Box 6072
MARIANNA, FL 32447

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

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

LUANN LA ROCCO
Name

3205 BUMP NOSE ROAD
Florida street address (P.O. Box NOT acceptable)

MARIANNA FLORIDA 32447
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..

Luann LaRocco
Registered Agent's Signature

FILED

04 APR 19 PM 2:57

SECRETARY OF
TALLAHASSEE, FLORIDA

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:

MGRM

LUANN LA ROCCO
P.O. Box 6072
MARIANNA, FL 32447

MGRM

JOHN SASNETT
P.O. Box 6072
MARIANNA, FL 32447

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Luann LaRocco

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.)

LUANN LA ROCCO

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)