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04 MAY 17 PM 2

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04 MAY 17 PM 2:44
DEPT. OF STATE
DIVISION OF REGISTRATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

04 MAY 17 PM 2:46

TO: Registration Section
Division of Corporations

SUBJECT: WILLIAMS - SHEFFIELD 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:

DEDA SHEFFIELD
(Name of Person)

WILLIAMS - SHEFFIELD PAINTING, LLC
(Firm/Company)

127 BELAMY CR.
(Address)

PORT ST. JOE, FL 32456
(City/State and Zip Code)

For further information concerning this matter, please call:

DEDA SHEFFIELD at (850) 527-7803
(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

FILED
FLORIDA STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

04 MAY 17 PM 2:46

WILLIAMS - SHEFFIELD 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:

127 BELLAMY CR.
PORT ST. JOE, FL
32456

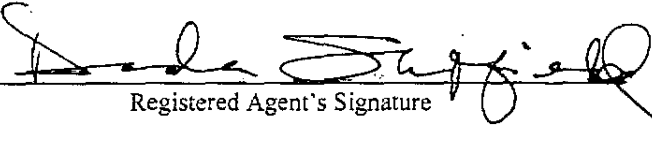
SAME

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

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

DEDA SHEFFIELD
Name
127 BELLAMY CR.
Florida street address (P.O. Box NOT acceptable)
PORT ST. JOE FL 32456
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..


Registered Agent's Signature

(CONTINUED)

04 MAY 17 PM 2:46

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

DEDA SHEFFIELD
127 BELLAMY CR.
PORT ST. JOE, FL 32452

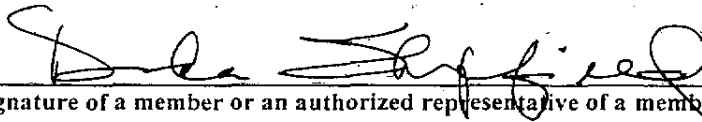
MGRM

MATTHEW WILLIAMS
127 BELLAMY CR.
PORT ST. JOE, FL 32456

(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.)

DEDA SHEFFIELD

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)