

L040000039167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

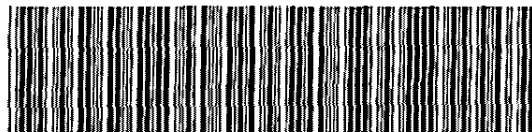
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~W04-18779~~
2595

Office Use Only



100035427671

05/07/04--01074--001 **160.00

AND
FILED

MAY 21 PM 4:15

JB
5-24-04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vern's Custom Finishing
(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:

Vernon S. Goode
(Name of Person)

Vern's Custom Finishing
(Firm/Company)

1100 Whispering Cir Apt # 6
(Address)

St. Augustine FL 32084
(City/State and Zip Code)

For further information concerning this matter, please call:

Vernon S. Goode at 904 829-6916
(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

04 MAY 24 PM 4:15
RECEIVED
AND
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 14, 2004

VERNON S. GOODE
VERN'S CUSTOM FINISHING
1100 WHISPERING CIR, APT 6
ST AUGUSTINE, FL 32084

SUBJECT: VERN'S CUSTOM FINISHING
Ref. Number: W04000018779

We have received your document for VERN'S CUSTOM FINISHING and your check(s) totaling \$160.00. 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) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 704A00033679

04 MAY 26 PM 4:15
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
AND

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Vern's Custom Finishing 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:

1100 Whispering Cir Apt #6
St. Augustine FL 32084

Mailing Address:

Same

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

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

Robert L. McLeod II

Name

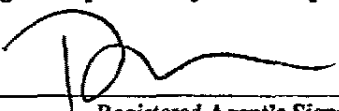
1200 Plantation Island Drive S., Suite 140

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

St. Augustine FLORIDA 32080

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

FILED
04 MAY 24 PM 4:15
TALLAHASSEE, FL 32309

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

Vern's Custom Finishing
Vernon S. Goode
1100 Whispering Cir Apt #6
St. Augustine FL 32084

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Vernon S. Goode
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.)

Vernon S. Goode
Typed or printed name of signer

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)

04 MAY 24 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED