

L04000042119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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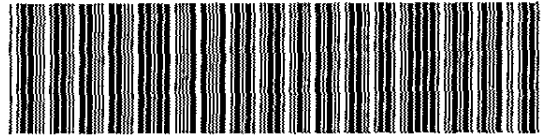
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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04 JUN -4 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2004 JUN -4 AM 11:11

J. BRAMAN, TALL - 6/2007

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Transmainine Devil 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:

Frank Pool
(Name of Person)

Transmainine Devil Painting
(Firm/Company)

~~1655~~ 1655 PO BOX 413
(Address)

Crawfordville Fla 32358
(City/State and Zip Code)

For further information concerning this matter, please call:

Frank Pool at (850) 926-5429
(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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Transmainine Devil Painting LLC

ARTICLE II - Address:

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

Principal Office Address:

1655

Mailing Address:

Frank Pool
PO BOX 413
Crawfordville Fla 32326-041

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

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

Frank Pool
Name

1655 ~~ARON~~ RD. ARON R
Florida street address (P.O. Box NOT acceptable)

Crawfordville FL 32326
City, State, and Zip

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TALLAHASSEE, FLORIDA

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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..

Frank Pool

Registered Agent's Signature

(CONTINUED)

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

Frank Pool
1655 AARON Rd
Crawfordville Fla 32326

MGRM

Oliver Cole
1655 AARON Rd
Crawfordville Fla 32326

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Oliver L Cole
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.)

Oliver L Cole
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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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)