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2004 JUN -1 P 12:05

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bill LEAHAN Painting L.L.C.  
(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:

William J. LEAHAN  
(Name of Person)

Bill LEAHAN Painting L.L.C.  
(Firm/Company)

739 PLANET DRIVE  
(Address)

DESTIN, Florida 32541  
(City/State and Zip Code)

For further information concerning this matter, please call:

GERMAINE ST. LAURENT-LEAHAN 850-650-3680  
(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

2004 JUN 18 P 12:06  
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TALLAHASSEE  
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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Bill LEAHAN PAINTING 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:**

739 PLANET DRIVE  
DESTIN, FLORIDA  
32541

**Mailing Address:**

739 PLANET DRIVE  
DESTIN, FLORIDA  
32541

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

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

William J. LEAHAN  
Name

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

DESTIN, FLORIDA 32541  
City, State, and Zip

SECRETARY OF STATE  
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, Florida Statutes..*

William J. Leahan  
Registered Agent's Signature

**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

William J. LEAHAN  
739 PLANET DRIVE  
DESTIN, FLORIDA 32541

MGRM

GERMAINE ST. LAURENT-LEAHAN  
739 PLANET DRIVE  
DESTIN, FLORIDA 32541

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

William J. Leahan

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.)

William J. LEAHAN

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)

\$125.00 pd-CK # 1390