

L040000042585

(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



400036258664

05/21/04--01072--025 **130.00

FILED
2004 JUN - 4 PM 3:41
TALLAHASSEE, FLORIDA

W04-20752
J. BRYAN MAY 27 2004

J. BRYAN JUN - 9 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Color Perfect Painters etc., 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:

Barbara A. Martin
(Name of Person)

Color Perfect Painters etc., LLC
(Firm/Company)

1243 Hamilton Ave
(Address)

Live Oak, Fl 32064
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara A. Martin at (386) 362-5819
(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

FILED
2004 JUN -4 PM 3:41
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 27, 2004

BARBARA A. MARTIN
COLOR PERFECT PAINTERS ETC., LLC
1243 HAMILTON AVE.
LIVE OAK, FL 32064

SUBJECT: COLOR PERFECT PAINTERS ETC., LLC
Ref. Number: W04000020752

FILED
2004 JUN -4 PM 3:41
TALLAHASSEE, FLORIDA

We have received your document for COLOR PERFECT PAINTERS ETC., LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 504A00037251

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

FILED
2004 JUN -4 PM 3:41
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Color Perfect Painters etc., LLC

ARTICLE II - Address:

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

Principal Office Address:

1243 Hamilton Ave

Live Oak, Fl 32064

Mailing Address:

1243 Hamilton Ave

Live Oak, Fl 32064

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

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

Barbara A. Martin

Name

1243 Hamilton Ave

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

Live Oak

FLORIDA 32064

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..

Barbara A. Martin
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

Robert W. Yates Sr

1243 Hamilton Ave

Live Oak, Fl 32064

MGR

Barbara A. Martin

1243 Hamilton Ave

Live Oak, Fl 32064

MGRM

Robert W. Yates Jr.

9224 133rd Pl Apt 15

Live Oak, Fl 32064

MGRM

Joseph D. Hummel

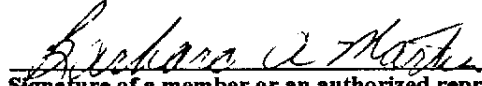
1243 Hamilton Ave

Live Oak, Fl 32064

(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.)

Barbara A. Martin

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)

FILED
2004 JUN -4 PM 3:41
OFFICE OF REGISTRATIONS
TALLAHASSEE, FLORIDA