

L040000043449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

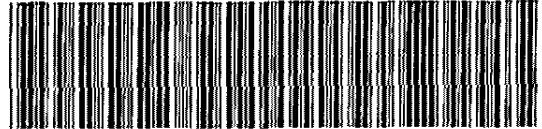
(Business Entity Name)

(Document Number)

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06/14/04--01038--004 **125.00

FILED
2004 JUN 14 PM 4:02
TALLAHASSEE, FLORIDA

J. BROWN JUN 15 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lightning Paints LLC
(Name of Limited Liability Company)

FILED
2004 JUN 14 PM 4:02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patrick L. Plamondon
(Name of Person)

Lightning Painting LLC
(Firm/Company)

5017 PARKHILL PL
(Address)

TAMPA FL 33624
(City/State and Zip Code)

For further information concerning this matter, please call:

Patrick Plamondon at (813) 416 8919
(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
2004 JUN 14 PM 4:00
CLERK OF SUPERIOR COURTS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lightning Painting LLC

ARTICLE II - Address:

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

Principal Office Address:

5017 Parkhill Pl
Tamara FL
33624

Mailing Address:

5017 Parkhill Pl
Tampa FL
33624

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

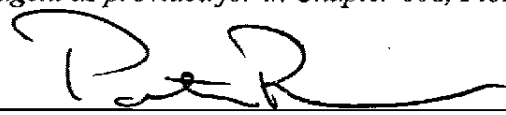
The name and the Florida street address of the registered agent are:

Patrick Plamondon
Name

5017 Parkhill Pl Tampa
Florida street address (P.O. Box **NOT** acceptable)

Tampa FL 33624
FLORIDA
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

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2004 JUN 14 PM 4:02
JULY 13, 2004
TALLAHASSEE, FLORIDA

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:

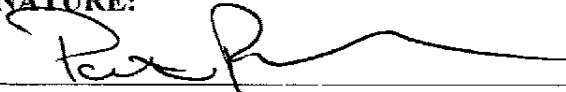
MGRM

Patrick Plamondon
5017 Parkhill Pl
Tampa FL 33624

(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.)

PATRICK PLAMONDON
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)