

L04000044838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

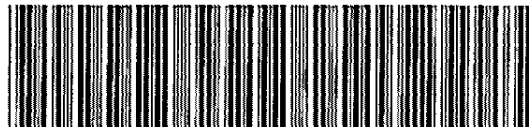
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2004 JUN 14 PM 4:03  
TALLAHASSEE, FLORIDA

J. BROWN JUN 15 2004

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TERRANCE O'DONNELL Painting Ltd. Co.  
(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:



Mr. Terry O'Donnell  
923 Great Bend Rd  
Altamonte Springs, FL 32714

TERRY O'DONNELL  
(Name of Person)

TERRANCE O'DONNELL Painting Ltd. Co.  
(Firm/Company)

923 GREAT BEND Rd.  
(Address)

ALTAMONTE Springs FL. 32714  
(City/State and Zip Code)

For further information concerning this matter, please call:

Terry O'Donnell at (407) 862-4060  
(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 14 PM 4:00  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

FILED  
2004 JUN 14 PM 4:00  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TERRANCE O'DONNELL Painting Ltd. CO.

**ARTICLE II - Address:**

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

**Principal Office Address:**

923 GREAT BEND RD,  
ALTAMONTE SPRINGS  
FL. 32714

**Mailing Address:**

923 GREAT BEND RD.  
ALTAMONTE SPRINGS  
FL. 32714

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

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

TERRANCE P. O'DONNELL  
Name

923 GREAT BEND RD.  
Florida street address (P.O. Box **NOT** acceptable)

ALTAMONTE SPRINGS FLORIDA 32714  
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..*

T. O'Donnell  
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

MGR

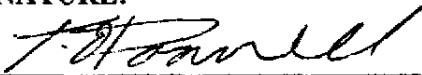
**Name and Address:**

TERRANCE P. O'DONNELL  
923 GREAT BEND RD.  
ALTAMONTE SPRINGS, FL 32714

(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.)

TERRANCE P. O'DONNELL

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 14 PM 4:01  
DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA