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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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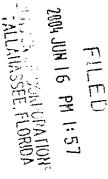
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J. BRWAN JUN 1 7 2004

TRANSMITTAL LETTER

ATX1

Division of Corporations	
SUBJECT: TOM'S PAINTING LLC	. !
(Name of Limited Liability Company)	•
(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:	
Please return all correspondence concerning this matter to the following:	5
	ر این
THOMAS A. TIDWELL	٠
(Name of Person)	,
TOM'S PAINTING LLC (Firm/Company)	·* 4.
809 CCS STREET	¥ ¹ .
- (Address)	
FORT WALTON BEACH, FL 32547	,
(City/State and Zip Code)	
For further information concerning this matter, please call:	
THOMAS A. TIDWELL at (850) 864-2825	
(Name of Person) (Area Code & Daytime Telephone Number)	-

STREET ADDRESS:

TO:

Registration Section

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 TOM'S PAINTING LLC

ARTICLES OF ORGANIZATION FOR FOR FLORIDA LIMITED LIABILITY COMPANY

	FOR FOR FLORIDA LIMITED LIAI	BILITY COMPANY
ARTICLE I - Name:		10 10 No
The name of the Limited Liabili	ity Company is:	Maria Pa
TOM'S PAINTING LLC	and the second s	Selfa 1.
ARTICLE II - Address: The mailing address and str	eet address of the principal office of th	OR JON
Principal Office Address:	e de la companya de l	Mailing Address:
TOM'S PAINTING LLC	· ·	TOM'S PAINTING LLC
809 CCS STREET	the second secon	809 CCS STREET
FORT WALTON BEACH, FL 3	2547	FORT WALTON BEACH, FL 32547
	nt, Registered Office, & Registered Age et address of the registered agent are: THOMAS A. TIDWELL	nt's Signature: D6/14/04
	Name	
	809 CCS STREET Florida street address (P.O. Box NO.	OT acceptable)
	FORT WALTON BEACH FLORIDA City, State, and Zip	32547
company at the place design agree to act in this capacity. and complete performance of	nated in this certificate, I hereby accept I further agree to comply with the prov	rocess for the above stated limited liability the appointment as registered agent and risions of all statutes relating to the proper accept the obligations of my position as 8, Florida Statutes

Thamas A, Tudwell

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

Title:		Member(s): anaging Member is as follows: Name and Address:
MGR" = Manager MGRM" = Managin	g Member	
//GR		THOMAS A. TIDWELL
		809 CCS STREET
		FORT WALTON BEACH, FL 32547
····		
		
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ATX1

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.)

THOMAS A. TIDWELL

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)