

L04000050007

(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:

Name
Availability

Document
Expiration

DCC

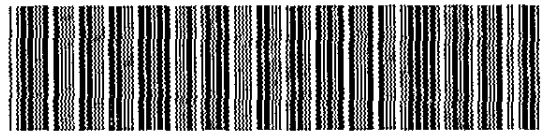
Office Use Only

Acknowledgment

DCC

W. P. Verifier

DCC



600038307466

07/06/04--01014--004 **125.00

DIVISION OF CORPORATION

04 JUL -6 AM 10:24

RECEIVED

04 JUL -6 AM 10:39

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Michael Johnson Jr Painting 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:

Michael W Johnson Jr
(Name of Person)

Michael Johnson Jr Painting
(Firm/Company)

3209 Abington Lane
(Address)

TALLAHASSEE, FL 32303
(City/State and Zip Code)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JUL - 6 AM 10:39

For further information concerning this matter, please call:

Mike Johnson at (850) 212-5278
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Michael Johnson Jr Painting LLC

ARTICLE II - Address:

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

Principal Office Address:

Michael Johnson Jr Painting
3209 Abington Lane
Tallahassee, FL 32303

Mailing Address:

~~300~~ Michael Johnson
3209 Abington Lane
Tallahassee, FL 32303

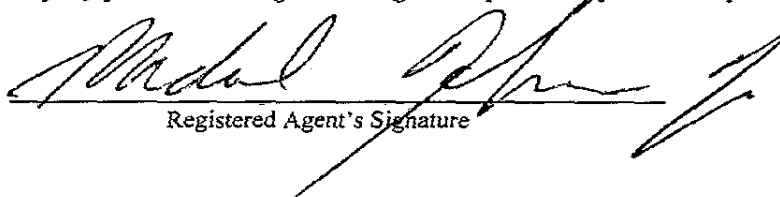
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Michael Johnson
Name
3209 Abington Lane
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee, FL 32303
City, State, and Zip

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JUL -6 AM 10:39

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, F.S..


Registered Agent's Signature

(CONTINUED)

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:

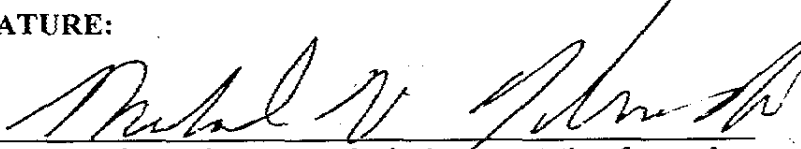
MGRM

Michael Johnson
3209 Albion Lane
Tallahassee, FL 32303

(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.)

Michael W. Johnson 502
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)

04 JUL -6 AM 10:39

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA