

LD4000054859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP



WAIT

☐

MAIL

(Business Entity Name)

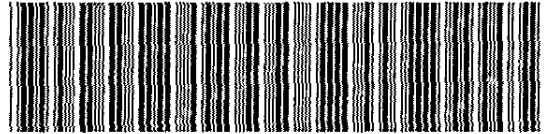
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FILED
JUL 26 2004
TALLAHASSEE
FLORIDA

04 JUL 26 PM 8:38

FILED

FILED
TALLAHASSEE
04 JUL 26 AM 8:55

J. BRYAN JUL 26 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Todd's 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:

Robert Todd Hall
(Name of Person)

Todd's Painting LLC
(Firm/Company)

9046 Foxwood Drive North
(Address)

Tallahassee, Florida 32309
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Todd Hall at (850) 251-0619
(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
SECRETARY OF FLORIDA
TALLAHASSEE
04 JUL 26 AM 8:55

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

FILED
SECRETARY OF FLORIDA
TALLAHASSEE
04 JUL 26 AM 8:55

ARTICLE I - Name:

The name of the Limited Liability Company is:

Todd's Painting LLC

ARTICLE II - Address:

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

Principal Office Address:

9046 Foxwood Drive North

Tallahassee, Florida 32309

Mailing Address:

9046 Foxwood Drive North

Tallahassee, Florida 32309

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

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

Robert Todd Hall

Name

9046 Foxwood Drive North

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

Tallahassee

FLORIDA 32309

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

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FL 32308
04 JUL 26 AM 8:55

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

Robert Todd Hall
9046 Foxwood Dr. North
Tallahassee, FL 32308

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Robert Todd Hall

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.)

Robert Todd Hall

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)