

L04000055026

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8/1/04

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TALLAHASSEE, FL

2004 JUL 23 A 11:22

SECRET

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COVER ALL 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:

JANET ELDRIDGE CORRICK
(Name of Person)

COVER ALL PAINTING, LLC
(Firm/Company)

8922 DOROTHY FARRIS RD.
(Address)

SOUTHPORT, FL 32409
(City/State and Zip Code)

For further information concerning this matter, please call:

CONNIE THARPE at (850) 785-4412
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

COVER ALL PAINTING, LLC

ARTICLE II - Address:

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

Principal Office Address:

8922 DOROTHY FARRIS RD.

SOUTHPORT, FL 32409

Mailing Address:

8922 DOROTHY FARRIS RD.

SOUTHPORT, FL 32409

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

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

JANET ELDRIDGE CORRICK

Name

8922 DOROTHY FARRIS RD.

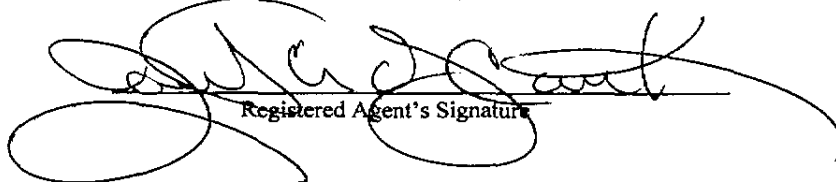
Florida street address (P.O. Box NOT acceptable)

SOUTHPORT, FLORIDA 32409

City, State, and Zip

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TALLAHASSEE, FL
SECRETARY OF STATE

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

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

JANET ELDRIDGE CORRICK

8922 DOROTHY FARRIS RD.

SOUTHPORT, FL 32409

MGRM

JAMES DAVID REID

1605 CLAY AVE.

PANAMA CITY, FL 32405

(Use attachment if necessary)

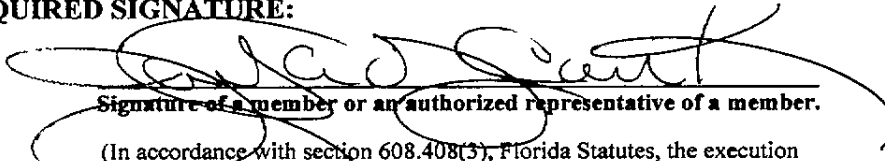
DD ARTICLE ARTICLE V - EFFECTIVE DATE

The effective date of this Company shall be August 1, 2004

SEE ADDITIONAL ARTICLE VI

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.)

JANET ELDRIDGE CORRICK

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)

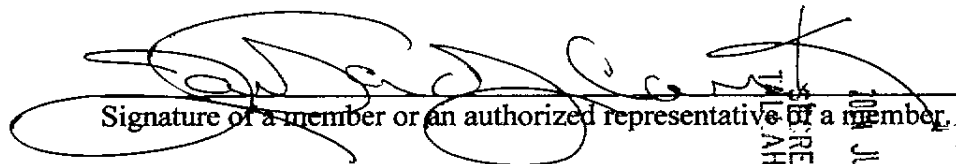
\$ 5.00 Certificate of Status (Optional)

ATTACHMENT OF ADDITIONAL ARTICLES FOR:

COVER ALL PAINTING, LLC

ARTICLE VI - Forfeiture of Membership:

If a Managing Member leaves the Company within three years of the forming of this Company, they will forfeit all rights to their percentage of membership in this Company.


Signature of a member or an authorized representative of a member.

Janet Eldridge
Typed or printed name of signee

SECRETARY
TILAHASSEE, FL 32041

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