

L040000058835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

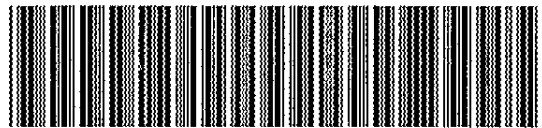
(Business Entity Name)

(Document Number)

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08/06/04--01057--021 \*\*160.00

EFFECTIVE DATE

08/02/04

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2004 AUG -6 PM 4:09  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN AUG - 9 2004

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: D & M INTERIOR 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:

DON DEVER  
(Name of Person)

D & M INTERIOR PAINTING, LLC  
(Firm/Company)

1302 FOXBOROUGH DR.  
(Address)

PENSACOLA FL. 32514  
(City/State and Zip Code)

For further information concerning this matter, please call:

DON DEVER at (850) 384-9557  
(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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

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2004 AUG -6 PM 4:09  
UNIFORM CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

D+M INTERIOR PAINTING, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

**EFFECTIVE DATE**

D+M INTERIOR PAINTING, LLC

1302 FOXBOROUGH DR.

PENSACOLA FL. 32514

SAME

08/02/04

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

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

DON DEVER

Name

1302 FOXBOROUGH DR.

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

PENSACOLA FLORIDA 32514

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

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TALLAHASSEE, FLORIDA

**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:**

MGR

DON DEVER  
1302 FOXBOROUGH DR.  
PENSACOLA FL. 32514

\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V- EFFECTIVE DATE: AUGUST 2, 2004**

**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.)

DON DEVER

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)