

L 04000064478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP



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MAIL

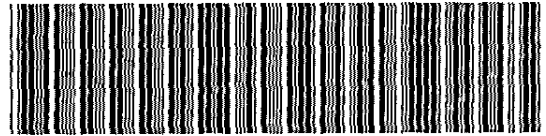
(Business Entity Name)

(Document Number)

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RECEIVED
04 AUG 31 AM 11:07
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
04 AUG 31 AM 11:07

10/13/04
m

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: William R Sutton 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:

William R Sutton
(Name of Person)

William R Sutton Painting LLC
(Firm/Company)

7906 MCCLURE DR
(Address)

TALLAHASSEE FL 32312
(City/State and Zip Code)

For further information concerning this matter, please call:

William R Sutton at (850) 556-3533
(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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04 AUG 31 AM 11:08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

William R Sutton 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:

William R Sutton
7906 MCCLURE DR
TALLAHASSEE FL 32312

SAME

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

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

William R Sutton
Name

7906 MCCLURE DR
Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE FL 32312
City, State, and Zip

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SECRETARY OF CORPORATIONS
04 AUG 31 AM 11:00

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.

William R Sutton

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

William R Sutton
7906 MCCLURE DR
TALLAHASSEE FL 32312

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

William R Sutton
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.)

William R. Sutton

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)

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