

L04000065961

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

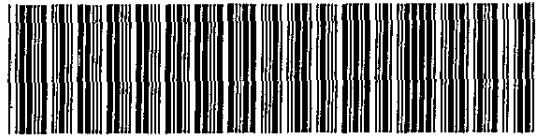
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/01/04--01021--006 **160.00

AL

**Seagrove Painting
P.O. Box 4621
Santa Rosa Beach, FL 32459
Mobile # 596-0754
Fax # 850-277-2270 Office/Hm # 850-277-2280**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 31, 2004

To whom it may concern:

**Please find to follow the Articles of Organization along with check in the amount of
\$ 160.00 for filing fees:**

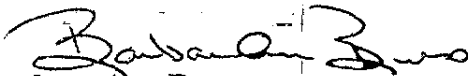
\$ 100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (OPTIONAL)

\$ 5.00 Certificate of Status (OPTIONAL)

Respectfully,


**Barbara Ann Burns
Seagrove Painting**

TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

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SUBJECT: Seagrove Painting LLC
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Ann Burns
(Name of Person)

Seagrove Painting
(Firm/Company)

11833 Raccoon Road
(Address)

Panama City, Florida 32409
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Ann Burns at (850) 277-2280
(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

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

Seagrove Painting LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

11833 Raccoon Road
Panama City, FL 32409

Mailing Address:

P.O. Box 4621
Santa Rosa Beach, FL
32459

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

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

Barbara Ann Burns
Name

11833 Raccoon Road

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

Panama City FLORIDA 32409
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

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

Barbara Ann Burns
11833 Raccoon Road
Panama City FL 32409

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Barbara Burns

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.)

Barbara Ann Burns

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)