

L04000068594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

L04-68594  
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200040771432

09/10/04--01015--011 \*\*125.00

L09/20/04

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 SEP 10 AM 10:01

3p

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Darin Krawczyk / Painter L.L.C.  
(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:

Darin Krawczyk  
(Name of Person)

Darin Krawczyk / Painter L.L.C.  
(Firm/Company)

1227 clay ave.  
(Address)

Panama City, Fl. 32401  
(City/State and Zip Code)

For further information concerning this matter, please call:

Darin Krawczyk at (850) 215-6104  
(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

04 SEP 10 AM 10:01

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Darin Krawczyk | Painter L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

1227 clay Ave.  
Panama city, Fl.  
32401

**Mailing Address:**

1227 clay Ave.  
Panama city, Fl.  
32401

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

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

Darin Krawczyk  
Name

1227 clay ave.  
Florida street address (P.O. Box **NOT** acceptable)

Panama city, FLORIDA 32401  
City, State, and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 SEP 10 AM 10:01

*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..*

Darin Krawczyk  
Registered Agent's Signature

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

(Use attachment if necessary)