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2004 SEP 28 P 2:29  
2004 SEP 28 P 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sundancer Painting L.C.  
(Name of Limited Liability Company)

**FILED**

2004 SEP 28 P 2: 28  
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:

Laurie Porter

(Name of Person)

Sundancer Painting L.C.

(Firm/Company)

3948 Prado DR

(Address)

Sarasota, FL 34235

(City/State and Zip Code)

For further information concerning this matter, please call:

Laurie Porter

(Name of Person)

at ( 941 ) 360-1215

(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**

**FILED**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Sundancer Painting L.C.

2004 SEP 28 P 2: 28

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:**

3948 Prado DR  
Sarasota, FL 34235

**Mailing Address:**

3948 Prado DR  
Sarasota, FL 34235

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

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

Laurie Porter

Name

3948 Prado DR

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

Sarasota FLORIDA 34235

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..*

Laurie H. Porter

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:

**FILED**

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

2004 SEP 28 P 2: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGR

Laurie L. Porter  
3948 Prado DR  
Sarasota, FL 34235

MGR

Richard H. Cross  
3948 Prado DR  
Sarasota, FL 34235

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Laurie L. Porter  
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.)

Laurie L. Porter  
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)