

L040000 84 176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

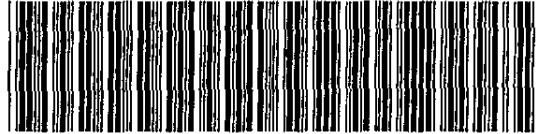
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/15/04--01022--014 **130.00

01/15/05 11:03:03

Josh Woodard
8745 S. Lynn Road
Milton, Fl. 32583
(850) 313-1051

6/10/15 6:25:08

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Woodard's 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:

Josh Woodard
(Name of Person)

Woodard's Painting, LLC. _____ (Firm/Company)

8745 S.Lynn Road

(Address)

Milton/ FL 32583
(City/State and Zip Code)

For further information concerning this matter, please call:

Josh Woodard at (850) 313-1051
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

SECRET

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Woodard's Painting, LLC

ARTICLE II - Address:

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

Principal Office Address:

8745 s. lynn rd.

milton, fl.

32583

Mailing Address:

8745 s. lynn rd.

milton, fl.

32583

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

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

Josh Woodard

Name

8745 s. lynn rd.

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

milton, fl. 32583

FL

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^c F.S.,



Registered Agent's Signature

(CONTINUED)

2015 JUN 20 02

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

"MGRM" = Managing Member

Milton, Fl. 32583

Milton, Fl. 32583

REQUIRED SIGNATURE:

Good Weekend

(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.)

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)