

L05000003608

2005 JAN -3 P 2:31

STATE  
OFFICE OF  
FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

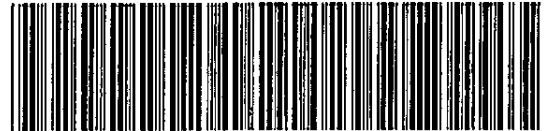
(Document Number)

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01/03/05--01027--020 \*\*155.00

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: J AND B PAINTING Co. "LLC"  
(Name of Limited Liability Company)

**FILED**

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

JASON D. PILON

(Name of Person)

J AND B PAINTING Co. "LLC"

(Firm/Company)

2156 ACADEMY DR.

(Address)

PENSACOLA, FLORIDA 32514

(City/State and Zip Code)

For further information concerning this matter, please call:

JASON D. PILON

(Name of Person)

at ( 850 ) 479-3588

(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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

J AND B PAINTING CO. "LLC"

**ARTICLE II - Address:**

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

**Principal Office Address:**

2156 ACADEMY DR.  
PENSACOLA, FLORIDA 32514

**Mailing Address:**

2156 ACADEMY DR.  
PENSACOLA, FLORIDA 32514

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

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

JASON D. PILON

Name

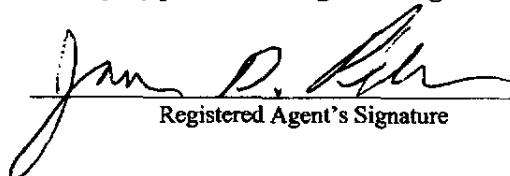
2156 ACADEMY DR.

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

PENSACOLA, FL 32514

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, F.S..*

  
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:**

MGR

Jason D. Pilon  
2156 Academy Dr.  
Pensacola, FL 32514

MGRM

Brandy N. Maciel  
2156 Academy Dr.  
Pensacola, FL 32514

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

Jason D. Pilon

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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STATE  
OFFICE OF THE  
CLERK OF THE  
COURT  
TALLAHASSEE, FLORIDA