

L05000018224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

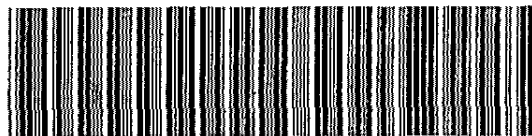
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900046853029

EFFECTIVE DATE

03/01/05

02/21/05--01057--022 \*\*130.00

FILED  
2005 FEB 21 PM 1:11  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN FEB 23 2005

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CUSTOM COLORS UNLIMITED 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:

BRYAN D. BARTON  
(Name of Person)

CUSTOM COLORS UNLIMITED LLC  
(Firm/Company)

5633 OLD RIVER ROAD  
(Address)

BAKER, FLORIDA 32531  
(City/State and Zip Code)

For further information concerning this matter, please call:

BRYAN D. BARTON at ( 850 ) 537-0188  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
2005 FEB 21 PM 1:11  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CUSTOM COLORS UNLIMITED LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

5633 OLD RIVER ROAD  
BAKER, FL 32531

**Mailing Address:**

% BRYAN D. BARTON  
5633 OLD RIVER ROAD  
BAKER, FL 32531

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

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

BRYAN D. BARTON

Name

5633 OLD RIVER ROAD

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

BAKER

FL

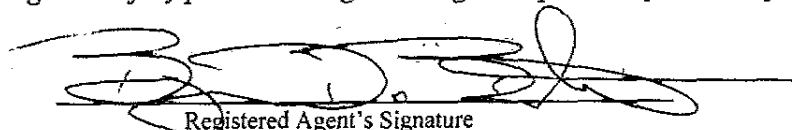
32531

City, State, and Zip

**EFFECTIVE DATE**

03/01/05

*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"

BRYAN D. BARTON  
5633 OLD RIVER ROAD  
BAKER, FL 32531

"MGRM"

BONNIE K. HETHER  
422 E. CANE AVENUE  
CRESTVIEW, FL 32536

"MGRM"

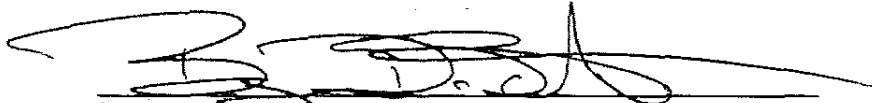
KEVIN A. ROGERS  
5633 OLD RIVER ROAD  
BAKER, FL 32531

(Use attachment if necessary)

ARTICLE V: EFFECTIVE DATE: MARCH 1, 2005

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.)

BRYAN D. BARTON

\_\_\_\_\_  
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)

FILED  
2005 FEB 21 PM 1:11  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA