L05000036487

(Requ	restor's Name)	
7		<u></u>
(Addr	ess)	
(Addr	acc)	
(naai	ess)	
(City/	State/Zip/Phone	; #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nam	ne)
(Доси	ıment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



100050051771

04/12/05--01044--011 **130.00



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: D. FISher Painting LLC (Name of Limited Liability Complete)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
David M. Fisher (Name of Person)		
D. Fisher Painting LLC		
(Firm/Company)		
1059 Willow Cove Ct. W.	PRIX PR	
(City/State and Zip Code) (Firm/Company) (Firm/Company) (Firm/Company) (Firm/Company) (Firm/Company) (Firm/Company) (Firm/Company)		
For further information concerning this matter, please call:		
David Fisher at 904 803-6651 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
S125.00 Filing Fee 2 \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S125.00 Filing Fee & Certified Copy (additional copy is enclosed)	È	
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

D. Fisher Painti	ng LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:	
1059 WILLOW COVE CT.W. ATLANTIC BEACH FL.32233	Same Se	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:	
The name and the Florida street address of the re-	gistered agent are:	
David M. F.	isher min	
10.59 WILLOW Florida street addre	ess (P.O. Box NOT acceptable)	
ATICATIC Beach City, State, an	L 32233 d Zip	
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S	

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
* MGR"	David m Fisher 1059 willow cove CTW. ATCANTIC Beach FL 32253
·	Sign 2
(Use attachment if necessary)	The state of the s
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	10,100

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

of a member of an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)