

L05000041369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

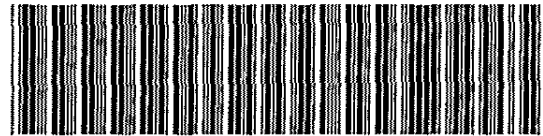
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000051081540

04/27/05--01044--001 **155.00

FILED
2005 APR 27 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L05-41369
GA

TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: **SHOEMAKER PAINTING L L C**

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

DUVEL R SHOEMAKER

Name of Person

SHOEMAKER PAINTING L L C

Firm/Company

6 DOGWOOD DR

Address

SHALIMAR FL 32579

City, State, and Zip Code

For further information concerning this matter, please call:

DUVEL R SHOEMAKER

at (850) 640-1868

Name of Person

Area Code and Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 APR 27 PM 2:06

FILED

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

ARTICLE I Name:
The name of the Limited Liability Company is:

SHOEMAKER PAINTING L L C

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

Principal Office Address:

Mailing Address:

6 DOGWOOD DR.
SHALIMAR FL 32579

Same

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

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

Name

DUVEL R SHOEMAKER

Florida street address (P O Box NOT acceptable)

City, State, and Zip

6 DOGWOOD DR
SHALIMAR FL 32579

FILED
2005 APR 27 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Duvel R. Shoemaker

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:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Membe

MGR **DUVEL R SHOEMAKER**

6 Dogwood Dr
Shalimar FL 32579

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

Article V The effective date shall be upon filing with the Secretary of State.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

Duvel R Shoemaker

(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.)

DUVEL R SHOEMAKER
Typed or printed name of signee

FILED
2005 APR 27 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA