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PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	
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Considerations to Ellips Officer	
Special Instructions to Filing Officer:	
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HLM:

TRANSMITTAL LETTER

TO:	Registration Sec Division of Cor				
SUBJ	ECT:	Creative Paintin	ng By Kiley Williams		
	(Name of Limited Liability Company)				
		Organization and fee(s) are su			
Please	return all correspo	ondence concerning this matter	r to the following:		
	<u></u>		Kiley Williams		
		(1	tune of i ersony		
		Creative Pair	nting By Kiley Williams		
			Firm/Company)		
	7821 Oak Forest Place				
	(Address)				
			nsacola Florida 32514		
		(City/	State and Zip Code)		
For fu	rther information of	concerning this matter, please	call:		
	Kile	ey Williams	at (850) 477-2310		
	(Name	of Person)	at (850 477-2310 (Area Code & Daytime Te	elephone Number)	
Enclo	sed is a check fo	r the following amount:			
3 \$ 12.	5.00 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		MAILING A	DDRESS:		
		Registration S Division of Co			
	409 E.	Gaines Street	P.O. Box 6327	7	
Tallahassee, Florida 32399		Tallahassee, Florida 32314			



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 15, 2005

KILEY WILLIAMS CREATIVE PAINTING BY KILEY WILLIAMS 7821 OAK FOREST PLACE PENSACOLA, FL 32514

SUBJECT: CREATIVE PAINTING BY KILEY WILLIAMS

Ref. Number: W05000007850

We have received your document for CREATIVE PAINTING BY KILEY WILLIAMS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 205A00010582



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 15, 2005

KILEY WILLIAMS
CREATIVE PAINTING BY KILEY WILLIAMS
7821 OAK FOREST PLACE
PENSACOLA, FL 32514

SUBJECT: CREATIVE PAINTING BY KILEY WILLIAMS

Ref. Number: W05000007850

We have received your document for CREATIVE PAINTING BY KILEY WILLIAMS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 905A00017656

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Creative Finishes LLC			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liab	ility Co	mpany	is:
Principal Office Address: Mailing Address:	_		
720 Crickett Circle 720 Crickett C Cantoment, FL Cantoment, FL 32533 32533	rele	- -	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's S	ignatur	·e:	
The name and the Florida street address of the registered agent are:			
Kley Williams Name			
120 Crickett Arcle Florida street address (P.O. Box NOT acceptable)			
City, State, and Zip			
Having been named as registered agent and to accept service of process for the ab liability company at the place designated in this certificate, I hereby accept the a registered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am faccept the obligations of my position as registered agent as provided for in Cha	appointr e provis amiliar	nent as sions of with ar	s f all nd
Registered Agent's Signature		05 HAY	f-rese.
		<u> </u>	77 - E41
(CONTINUED)	· f	PH 3:	** **
Page 1 of 2		<u>မှ</u>	

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:
MGRIVI — Managing Member	Kiley Williams 120 Crickett Circle Cantoment, F1 325.33
(Use attachment if necessary)	be added if an effective date is requested.
REQUIRED SIGNATURE:	be added if an effective date is requested.
1/2	2

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.)

KI/EY WI/IAMS
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)