

# L05000056066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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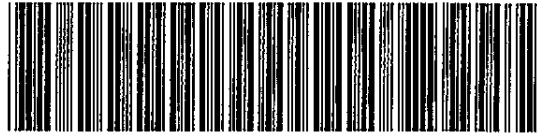
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TALLAHASSEE, FLORIDA

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**TRANSMITTAL LETTER**

**To:** Registration Section  
Division of Corporations

**Subject:** Filler Fine Finish, 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:

Glenda K. Filler  
(Name of Person)

Filler Fine Finish, LLC  
(Firm/Company)

PO Box 603  
(Address)

Vernon, FL 32462  
(City/State and Zip Code)

For further information concerning this matter, please call:

Glenda K. Filler at 850-428-0151  
(Name of Person) (Area Code & Daytime Phone Number)

**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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TALLAHASSEE, FL

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is: Filler Fine Finish, LLC

**ARTICLE II – Address:**

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

**Principal Office Address:**

2690 Stallings Rd  
Chipley, FL 32428

**Mailing Address:**

PO Box 603  
Vernon, FL 32462

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature**

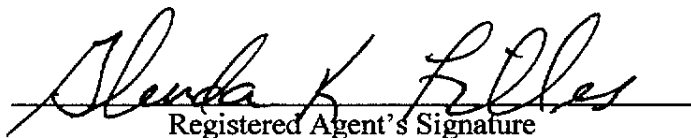
The name and the Florida street address of the registered agent are:

Glenda K. Filler  
Name

2690 Stallings Rd  
Florida street address (P.O. Box NOT acceptable)

Chipley, FL 32428  
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 registered agent as provided for in Chapter 608, Florida Statutes.*

  
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

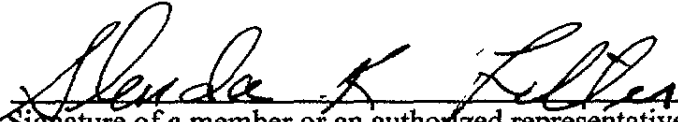
**Name and Address:**

MGRM

Glenda K. Filler  
PO Box 603  
Vernon, FL 32462

**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.)

Glenda K. Filler

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

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TALLAHASSEE, FLORIDA

6:11:10 PM