

L05000078083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☒

WAIT

☐

MAIL

(Business Entity Name)

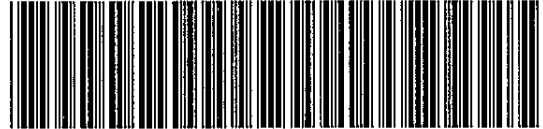
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08/09/05--01009--022 \*\*155.00

08/09/05  
FILED  
05 AUG -9 AM 10:50  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

RECEIVED  
05 AUG -9 AM 10:45  
DIVISION OF REGISTRATION

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sharon's Painting 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:

Sharon Thompson  
(Name of Person)

Sharon's Painting LLC  
(Firm/Company)

105 King Bee Drive  
(Address)

Crawfordville, FL 32327  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon Thompson at ( 850 ) 926-4701  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 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  
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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Page 1 of 2

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U.S. DISTRICT COURT  
JACKSONVILLE, FLORIDA  
nature:

**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

Sharon Thompson  
105 King Bee Drive  
Crawfordville, Fl. 32327

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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Sharon Thompson

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.)

Sharon Thompson

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  
05 AUG - 9 AM 10:50  
CLERK OF CIRCUIT COURT  
PALM BEACH COUNTY, FLORIDA