

LD5000101917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

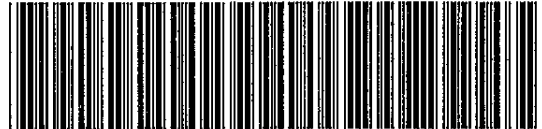
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100059186271

10/14/05--01018--034 **150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 14 PM 12:06

N. Culligan OCT 17 2005

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUTO PAINTERS 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:

TERRI MORRIS
(Name of Person)

AUTO PAINTERS LLC dba ELECTRO BAKE
(Firm/Company)

1931 SW 7th Avenue
(Address)

Ocala, FL 34474
(City/State and Zip Code)

For further information concerning this matter, please call:

TERRI MORRIS at (352) 401-9499
(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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

AUTO PAINTERS LLC

ARTICLE II - Address:

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

Principal Office Address:

AUTO PAINTERS LLC
1931 SW 7th Avenue
Ocala, FL 34474

Mailing Address:

AUTO PAINTERS LLC
1931 SW 7th Avenue
Ocala, FL 34474

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

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

TIM MORRIS
Name

1931 SW 7th Avenue
Florida street address (P.O. Box **NOT** acceptable)

Ocala FLORIDA 34474
City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 14 PM 12:06

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, Florida Statutes..


Registered Agent's Signature

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:

MGR

TERRI MORRIS
3006 SW 20th St Apt D-201
Ocala, FL 34474

MGRM

TIM MORRIS
3006 SW 20th St Apt D-201
Ocala, FL 34474

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Terri Morris
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.)

TERRI MORRIS
Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 14 PM 12:07

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)