

W5000115917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

W5-115917

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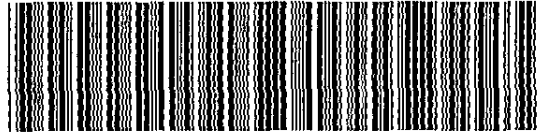
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TALLAHASSEE FLORIDA

MAH

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jacks Paradise 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:

Richard D. Bell, CPA
(Name of Person)

Donovan Bell and Associates, CPA's PA
(Firm/Company)

3670 US Hwy 1 South, Ste. 290
(Address)

St. Augustine, FL 32086
(City/State and Zip Code)

For further information concerning this matter, please call:

Richard D. Bell, CPA at (904) 797-6660
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jacks Paradise Painting LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

235 Menecal Ave

Same

St. Augustine, Fl. 32084

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

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

Jack P. Bocharski, Jr

Name

235 Menecal Ave

Florida street address (P.O. Box **NOT** acceptable)

St Augustine FLORIDA 32084

City, State, and Zip

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ALLAHASSEE 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, Florida Statutes..

Jack P. Bocharski, Jr.
Registered Agent's Signature

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

St. Augustine, Fl 32084

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