

LOG000009243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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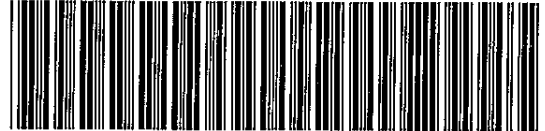
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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W. Mixon Painting, LLC

- \_\_\_ Art of Inc. File
- \_\_\_ LTD Partnership File
- \_\_\_ Foreign Corp. File
- ☒ L.C. File
- \_\_\_ Fictitious Name File
- \_\_\_ Trade/Service Mark
- \_\_\_ Merger File
- \_\_\_ Art. of Amend. File
- \_\_\_ RA Resignation
- \_\_\_ Dissolution / Withdrawal
- \_\_\_ Annual Report / Reinstatement
- ☒ Cert. Copy
- \_\_\_ Photo Copy
- \_\_\_ Certificate of Good Standing
- \_\_\_ Certificate of Status
- \_\_\_ Certificate of Fictitious Name
- \_\_\_ Corp Record Search
- \_\_\_ Officer Search
- \_\_\_ Fictitious Search
- \_\_\_ Fictitious Owner Search
- \_\_\_ Vehicle Search
- \_\_\_ Driving Record
- \_\_\_ UCC 1 or 3 File
- \_\_\_ UCC 11 Search
- \_\_\_ UCC 11 Retrieval
- \_\_\_ Carrier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

**ARTICLES OF ORGANIZATION**  
**OF**  
**C. W. MIXON PAINTING, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I**  
**NAME**

The name of the Limited Liability Company is C. W. MIXON PAINTING, LLC

**ARTICLE II**  
**ADDRESS**

The mailing address and street address of the principal office of the company is 1501 Idlewild Avenue, Green Cove Springs, Florida 32043.

**ARTICLE III**  
**DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV**  
**REGISTERED OFFICE/AGENT**

The registered office of this LLC is at 1501 Idlewild Avenue, Green Cove Springs, Florida 32043, and the Registered Agent at such same location is C. W. Mixon.

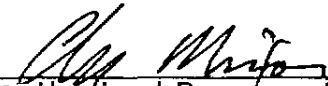
**ARTICLE V**  
**MANAGEMENT**

The Limited Liability Company is to be managed by the member(s) who are elected to act as the managing member(s) in accordance with the Operating Agreement of the Limited Liability Company.

The Managing Member who is so designated by the members shall carry out and further the decisions and actions of the members made under the Operating Agreement and shall be authorized to execute any and all reports, forms, instruments, documents, papers, writings, agreements, and contracts, including but not limited to deeds, bills of sale, assignments, leases, promissory notes, mortgages, and security agreements and any other type or form of document by which property or property rights of the Company are transferred or encumbered, or by which debts and obligations of the Company are created, incurred, or evidenced, that are necessary, appropriate, or beneficial to carry out or further those decisions or actions.

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In accordance with F.S. 608.408(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
Authorized Representative  
C. W. Mixon Managing Member  
C. W. Mixon Painting, LLC  
1501 Idlewild Avenue  
Green Cove Springs, Florida 32043


**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

**UNDER THE PROVISIONS OF F.S. 608.415, THE UNDERSIGNED  
LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT  
TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.**

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

**C. W. Mixon  
1501 Idlewild Avenue  
Green Cove Springs, Florida 32043**

**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.**

  
\_\_\_\_\_  
**C. W. Mixon  
Registered Agent  
C. W. Mixon Painting, LLC**