

U060000069/23

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

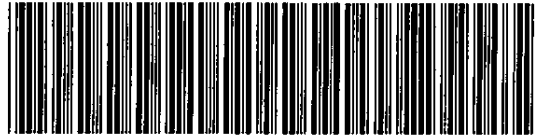
(Document Number)

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

Special Instructions to Filing Officer:

U06-98487

Office Use Only



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06/21/06--01051--012 \*\*185.00

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DIVISION OF CORPORATIONS  
2006 JUL 11 AM 11:11

*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 22, 2006

KATHRYN F. GRIFFIN  
315 BOXER ST  
NICEVILLE, FL 32578

SUBJECT: TWO GRIFFINS PAINTING  
Ref. Number: W06000028487

We have received your document for TWO GRIFFINS PAINTING and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

The effective date cannot be prior to 6/21/06, the date received by this office.,

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Document Specialist

Letter Number: 206A00041876

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*Called and Canceled the Conversion, would like  
to Register as New LLC - Refund 25.00*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TWO GRIFFINS 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:

KATHRYN F. GRIFFIN

(Name of Person)

TWO GRIFFINS PAINTING, LLC

(Firm/Company)

315 BOXER ST

(Address)

NICEVILLE, FL 32578

(City/State and Zip Code)

For further information concerning this matter, please call:

KATHRYN F. GRIFFIN

(Name of Person)

at ( 316 ) 214-2907

(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

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**Two Griffins Painting, LLC**

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

## ARTICLE II - Address:

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

### Principal Office Address:

Two Griffins Painting, LLC  
509 23rd Street  
Niceville, FL 32578

### Mailing Address:

Kathryn F. Griffin  
315 Boxer St  
Niceville, FL 32578

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Kathryn F. Griffin

315 Boxer Ave <sup>Name</sup>

315 Boxer Ave <sup>Kfg</sup>

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

Niceville, FL 32578 FL

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 provided for in Chapter 608, F.S.*

Kathryn F. Griffin  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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**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

Kathryn F. Griffin

315 Boxer Ave

Niceville, FL 32578

MGRM

Adam B. Griffin

806 23rd Street

Niceville, FL 32578

MGRM

Levi F. Griffin

315 Boxer Ave

Niceville, FL 32578

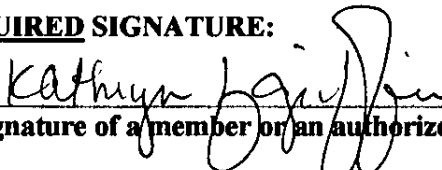
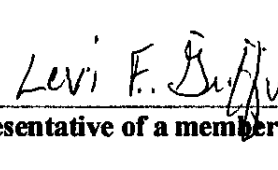
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Kathryn F. Griffin

Levi F. Griffin

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)**

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