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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	·

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PILED 06 JUL 24 PM 1:56 SECRETARY OF STATE



# **COVER LETTER**

TO: Registration S Division of C		•	
SUBJECT:	McFarlin Broth	ners Painting, LLC	
	(Name of Limite	d Liability Company)	
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
	Willi	am B. McFarlin	
	(	Name of Person)	
		(Firm/Company)	
	P.O. Box 14	108, Lecanto, FL 34	1460
		(Address)	
(street ac	ddress: 28751 Wa	lker Dr., Wesley Ch	napel, FL 33544)
<del>-                                    </del>	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
William	B. McFarlin	at ( 520 ) 609	-4378
(Nam	e of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check t	or 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	Street/Courier Addres	<u>88</u>

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 Com	many ice				
The name of the Limited Liability Com	pany is:				
McFarlin Brothers 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	ETICLE II - Address:  e mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:				
28751 Walker Drive	P.O. Box 1408				
Wesley Chapel, Florida 33544	Lecanto, Florida 34460				
The name and the Florida street address  Ha	rry A. McFarlin Name				
287	51 Walker Drive				
Florida	street address (P.O. Box NOT acceptable)				
	y Chapel, FL 33544				
Cit	ty, State, and Zip				
Having been named as registered agent liability company at the place design	t and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as				

(CONTINUED)
Page 1 of 3

# ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Mem	ıber
MGRM	Harry A. McFarlin
	28751 Walker Drive
	Wesley Chapel, Florida 33544
MGRM	William B. McFarlin
	P.O. Box 1408
	Lecanto, Florida 34460
MGRM	Barbara L. McFartin
	P.O. Box 1408
	Lecanto, Florida 34460
(Use attachment if necessary	u)
(Ose attachment if necessar)	1)
TIE V. Effective data if other	er than the date of filing: August 1, 2006 (OPTIONAL)
onective date is listed, the dat O days after the date of filing.	te must be specific and cannot be more than five business days prio
o days after the date of filing.	$\Phi_{i,\alpha}$
	ν. Ε.
DECLIDED SIGNATION	E: (
REQUIRED SIGNATURE	" ASA C
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M	
	M Duc-tail.
Signatura	fra manuhan an an an franciscal nan nasantatan a francisca da
_	Fa member or an authorized representative of a member.
(In accordan	rece with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury
(In accordan	Fa member or an authorized representative of a member.
(In accordan	rece with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury

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)

(Continuation of Articles from previous page.)

ARTICLE VI – The purpose for which this limited liability company is organized is to transact any and all lawful business for which limited liability companies may be organized under the laws of the State of Florida, and to have all powers that are afforded to limited liability companies under the laws of the State of Florida.

ATRICLE VII – The duration of this limited liability company shall be perpetual.

ARTICLE VII - This company will be managed by the owners/members.

ARTICLE IX – The company reserves the right to admit new members at any time.

ARTICLE X – The company reserves the right to continue, without dissolution, under the terms as set forth in the company Operating Agreement, upon any act that might otherwise cause the dissolution of the company or the dissociation of a member under the laws of the State of Florida.

## **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.)

Typed or printed name of signee

FILED

06 JUL 24 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA