

W06000105119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

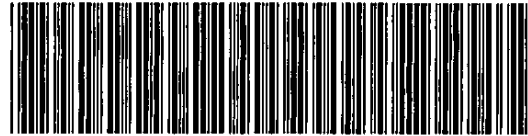
Special Instructions to Filing Officer:

W06-44233

AL

Mrs. Turner gave permission
on 10-30-06 to add the LA
address. *[Signature]*

Office Use Only



100080351891

10/06/06--01023--018 **130.00

2006 OCT 30 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2006

GROVER TURNER
7317 HEATH DRIVE
PORT RICHEY, FL 34668

SUBJECT: GROVER TURNER PAINTING
Ref. Number: W06000044233

We have received your document for GROVER TURNER PAINTING and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU MUST LIST THE COMPANY NAME IN ARTICLE I.

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

The designation of the registered agent must be at a Florida street address.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 106A00059919

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GROVER TURNER PAINTING
(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:

GROVER H. TURNER
(Name of Person)
GROVER TURNER PAINTING
(Firm/Company)
7317 Heath Drive, Port Richey, FL. 34668
(Address)
(City/State and Zip Code)

For further information concerning this matter, please call:

GROVER H. TURNER at 727, 861-2536
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA
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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: Greover Turner 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.

7317 Heath Drive
Port Richey, Florida
34668

Mailing Address.

7317 Heath Drive
Port Richey, Florida
34668

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:

Name

Greover H. Turner

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

7317 Heath Drive
Port Richey, FL 34668
City, State, and Zip

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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..

Greover H. Turner

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

Brover H. Turner "MGR" Brover H. Turner
4317 Heath Drive
Port Richey, Florida
34668

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TALLAHASSEE, FLORIDA

FILED

(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:

Brover H. Turner
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(5), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Brover H. Turner
Typed or printed name of signer

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)