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(1	Requestor's Name)
. (,	Address)
(.	Address)
(1	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Randy Herrick Painting LLC (Name of Limited Liability Company)
SUBJECT: (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: (Name of Person)
Please return all correspondence concerning this matter to the following:
Ron Benkeld
(Name of Person)
(Firm/Company)
58 Sibux Cincle
(Address)
58 Sidux Cincle (Address) Hawara, A 32333
(City/State and Zip Code)
For further information concerning this matter, please call:
Ron Benfield at 858 539-5171 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \ \times \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \times \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \times \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \ \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing Address Registration Section Street/Courier Address Registration Section

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

ADDICED	10 º A
ARTICLE I - Name: The name of the Limited Liability Company is:	20 % /
The name of the Limited Liability Company is.	
Randy Herrick	Paintine LLC 30 40
(Must end with the words "Limited Liability Company, "Limited	d Company" or the Labbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	OF O
The mailing address and street address of the pri	incipal office of the Limited Liability Companys:
Principal Office Address:	Mailing Address:
1921 Duisas As	1921 Auizea Are
Miceville A 32578	Nicolite 19 32578
W, C + 11. Y + 1 2 7 . 4	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	ered Agent. You must designate an individual or another
Kon Bent	reld
Name	
58 SD	ux Cincle
Florida street addr	ress (P.O. Box NOT acceptable)
Havana	FL 32333
City, State, ar	
liability company at the place designated in th	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as . I further agree to comply with the provisions of all
statutes relating to the proper and complete per	formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MORM	Randy HERRICK 1921 Quince Ave Niceville, Fi 32378
MORN	RUSSEIL HEREICK 1921 Quince Ave Niceville, F1 32578
(Use attachment if necessary) ARTICLE V: Effective date, if other than the c (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
- Ran L	Blild
Signature of a member	or an authorized representative of a member.
(In accordance with sect of this document constituent that the facts stated he	tion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)
<i>P</i> \ <u>O\(\cap\)</u> Typ	ed 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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