

607000058921

(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:

Office Use Only



200087857332

02/13/07--01021--002 \*\*130.00

2007 JUN -4 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

607-58921  
AC

EFFECTIVE DATE

6-1-07



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 14, 2007

DONALD TALBERT  
913 LARKSPUR STREET  
LAKE PLACID, FL 33852

SUBJECT: TALBERT PAINTING LLC  
Ref. Number: W07000007702

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

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 13, 2007. Please amend your document accordingly.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 007A00011145

2007 JUN -4 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TALBERT 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:

DONALD TALBERT

(Name of Person)

TALBERT PAINTING LLC

(Firm/Company)

913 LARKSPUR STREET

(Address)

LAKE PLACID FL 33852

(City/State and Zip Code)

For further information concerning this matter, please call:

CONNIE SARVER PUGH

(Name of Person)

at ( 863 ) 464-0781

(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

2007 JUN -4 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

TALBERT 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:

913 LARKSPUR STREET

LAKE PLACID FL 33852

#### Mailing Address:

913 LARKSPUR STREET

LAKE PLACID FL 33852

### 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:

CONNIE SARVER PUGH

Name

1622 WIGHTMAN AVE

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

SEBRING FL 33870

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.*

Connie Sarver Pugh  
Registered Agent's Signature (REQUIRED)

RECEIVED  
OFFICE OF THE  
CLERK OF THE  
STATE  
TALLAHASSEE, FLORIDA  
AM 10:07

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE

6-1-07

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

**"MGRM" = Managing Member**

LAKE PLACID FL 33852

LAKE PLACID FL 33852

2007 JUN -4 AM10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA