67000058921

(Re	equestor's Name	·)
(Ac	dress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ame)
(Do	ocument Number	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
		·
		·

Office Use Only

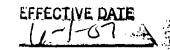


200087857332

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

2007 JUN -4 AM IO: 07
SECRETARY OF STATE
TALL AHASSEF FLORID:

56921





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 AH 10: 07

COVER LETTER

	tion Section of Corporations		
SUBJECT:	TALBERT PAINTING L	LC	
	(Name of Limite	ed Liability Company)	
The enclosed Ar	icles of Organization and fee(s) are s	submitted for filing.	
Please return all	correspondence concerning this matte	er to the following:	
	DONA	LD TALBERT	
	•	(Name of Person)	
	TALBER	T PAINTING LLC	
	((Firm/Company)	
	913 LAR	KSPUR STREET	
		(Address)	
	LAKE PL	ACID FL 33852	
	(City	//State and Zip Code)	
For further inform	nation concerning this matter, please	call:	
CON	NIE SARVER PUGH	at (863) 464-0781	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a cl	neck for the following amount:		
	g Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is enclosed)	dukodoji id di dispersion
	Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations Clifton Building	J. Commission of the Commissio

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	S:
TALBERT PAINTING LLC	
(Must end with the words "Limited Liability Company, "Lim	ited 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:	Mailing Address:
913 LARKSPUR STREET	913 LARKSPUR STREET
LAKE PLACID FL 33852	LAKE PLACID FL 33852
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registerists entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
. CONNIE S	ARVER PUGH
. Nam	e
1622 WIG	GHTMAN AVE
Florida street a	ddress (P.O. Box <u>NOT</u> acceptable)
SEBRI	NG _{FL} 33870
City, State	, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited a this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S.

(CONTINUED)
Page 1 of 2

CO-1-O

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

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

"MGR" = Manager "MGRM" = Managing Member	•
MGR	DONALD L TALBERT
	913 LARKSPUR STREET
	LAKE PLACID FL 33852
MGR	KATHLEEN PERILLO
	913 LARKSPUR STREET
	LAKE PLACID FL 33852
(Use attachment if necessary)	
LE V: Effective date, if other than fective date is listed, the date mus	the date of filing: 06/01/2007 (OPTIONAl st be specific and cannot be more than five business day
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.)

> CONNIE SARVER PUGH, REGISTERED AGENT 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)