

L08000016732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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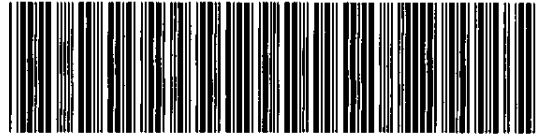
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

60.000000 FEB 15 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUSAN CHAVIS PAINTING LLC
(Name of Resulting Florida Limited Company)

The enclosed C 1, Articles of Organization, and fees are submitted
"Florida Limited Liability Company"

Please return all correspondence concerning this matter to:

Michele Nisman
(Contact Person)

MERIT PAINTING & WATERPROOFING
(Firm/Company)

4270 LEGARE AVENUE
(Address)

ST. AUGUSTINE, FLORIDA 32080
(City, State and Zip Code)

For further information concerning this matter, please call:

Michele Nisman at (407) 310-6489
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization) | <input type="checkbox"/> \$155.00 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$180.00 Filing Fees
and Certified Copy | <input checked="" type="checkbox"/> \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status |
|---|---|---|---|

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2008

MICHELE NIJMAN
4270 LEGARE AVENUE
ST. AUGUSTINE, FL 32080

SUBJECT: SUSAN CHAVIS PAINTING LLC
Ref. Number: W08000007627

We have received your document for SUSAN CHAVIS PAINTING LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The cover letter states you submitted a conversion form, however the conversion information was not included. I am sending the 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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 808A00009365

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUSAN CHAVIS PAINTING LLC
(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4270 Leake Avenue
St Augustine, FL 32080

Mailing Address:

4270 Leake Avenue
St Augustine, FL 32080

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:

SUSAN CHAVIS
Name
7490 AIA South #10
Florida street address (P.O. Box **NOT** acceptable)
St Augustine FL 32080
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.

[Signature]
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:

MANAGER

Michele Nisman
4270 LEGARE AVENUE
ST. AUGUSTINE, FL 32080

MGRM

Susan Chavis
7049 AIA St #10
St Augustine, FL 32080

MGRM

Jason Chavis
4270 LEGARE AVENUE
ST AUGUSTINE, FL 32080

(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:

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.)

JASON CHAVIS

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)

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TALLAHASSEE, FLORIDA