LD9000034345

((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:

L. SELLERS

APR -4 2008

EXAMINER

Office Use Only



300121810843

04/02/08--01009--004 **160.00

SECRETARY OF STATE

8 APR -2 AM 9: 4

COVER LETTER

то:		stration S sion of Co	ection rporations	,	7 2	\$:
CLUD	JECT:	Fred S	teele Painting,"Ll	LC"		
SUB	JECT:]			ited Liability Comp	any)	·····
The	enclosed	Articles of	f Organization and fee(s) are	submitted for filin	g.	
Pleas	se return :	all corresp	ondence concerning this ma	tter to the following	g:	
			Fre	derick Stee	le	
				(Name of Person)		
			Fred St	eele Paintin	g,"LLC"	
				(Firm/Company)		
			510 W Nin	e One Half	Mile RD L	ot 1
			_	(Address)		
				ensacola,Fl		
For f	urther inf	ormation o	concerning this matter, pleas		7	
	Fre	···	Steele	_at (850	393-874	
		(Name	of Person)	(Area Cod	le & Daytime Tel	ephone Number)
Encl	osed is a	check fo	r the following amount:			
∐\$ 12	5.00 Fili	ng Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional copy	ру	\$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	Registrati Division Clifton B 2661 Exe	ourier Address ion Section of Corporations duilding ecutive Center Core, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIARILITY COMPANY

A DOTACLE A DI	
ARTICLE I - Name: The name of the Limited Liability Compa	any is:
	•
	e Painting,"LLC"
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
510 W Nine One Half Mile RD	510 W Nine One Half Mile RD
Lot 1	Lot 1
Pensacola,FL 32534	Pensacola, FL 32534
The name and the Florida street address o	ck Steele
	Name
510 W Nine O	ne Half Mile RD Lot 1
Florida str	reet address (P.O. Box <u>NOT</u> acceptable)
Pensa	icola, _{FL} 32534
City,	State, and Zip
liability company at the place designate	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all
statutes relating to the proper and compl	lete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2 2008 APR -2 AM 9: 45
SECRETARY OF STATE

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:
MGR .	Gene Wells
	6632 Helms RD
	Pensacola, FL 32526
MGR	Mike Lombardi
	5700 Flaxman St Lot4
	Pensacola, FL 32506
·	
The state of the s	
(Use attachment if necessary) CLE V: Effective date, if other than	the date of filing: (OPTIONAL
CLE V: Effective date, if other than effective date is listed, the date mus 0 days after the date of filing.)	the date of filing: (OPTIONAL st be specific and cannot be more than five business days
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: (OPTIONAL st be specific and cannot be more than five business days
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with of this document co that the facts state	mber or an authorized representative of a member. a section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ed herein are true.)
CLE V: Effective date, if other than effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mere of this document contains a signature of the signature	mber or an authorized representative of a member. a section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury
CLE V: Effective date, if other than effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with of this document co that the facts state	mber or an authorized representative of a member. n section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ed herein are true.) E. Wells Mille A. Lombardi Typed or printed name of signee
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filling.) REQUIRED SIGNATURE: Signature of a men of this document contact that the facts state the date of the date of the date of the document contact that the facts state the date of the dat	mber or an authorized representative of a member. a section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ed herein are true.) E. Wells Mille A. Lombardi Typed or printed name of signee

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)