

W08000056946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

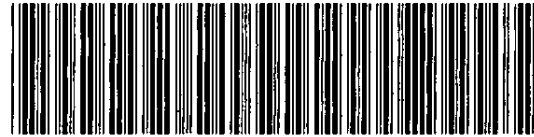
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

JUN 10 2008

EXAMINER

Chris Borg



Painting Interior/Exterior

Licensed & Insured
941-587-9836 Work
941-408-8804 Home
249 Algiers Drive,
Venice, FL 34293

Estimate of Contract

Estimate Date _____

Estimate #: _____

Client: _____

phone # _____

Work Included

Amount

[illegible]

Any alteration or deviation from above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge Over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other Necessary insurance upon above work, the "Estimate of Contract" is valid for 30 days of the "Estimate Date" and is subject to change thereafter.

Payment will be received in full at completion of "Contract". Out of State Checks cannot be accepted. All deposits are non refundable.

Estimate completed by: _____ Date: _____

Acceptance of Estimate:

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work specified.

Signature:

Date:

Deposit:

Start/Finish Date:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHRIS BORG 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:

CHRIS BORG
(Name of Person)

CHRIS BORG PAINTING
(Firm/Company)

249 ALGIERS DR. VENICE FL 34293
(Address)

VENICE FLORIDA 34293
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRIS BORG at (941) 408-8804
(Name of Person) (Area Code & Daytime Telephone Number)

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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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHRIS BORG PAINTING L.L.C.

(Must end with the words "Limited 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:

CHRIS BORG
249 ALGIERS DR.
VENICE FL 34293

Mailing Address:

CHRIS BORG
249 ALGIERS DR.
VENICE FL 34293

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:

CHRIS BORG
Name

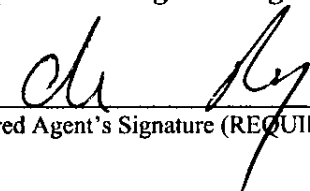
249 ALGIERS DR.
Florida street address (P.O. Box **NOT** acceptable)

VENICE FL 34293
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.


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:

MGR

CHRIS BORG
249 ALGIERIS DR
VENICE FL 34293

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____
(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.)

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OPTIONAL)
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

Chris Borg
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.)

CHRIS BORG
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)