

L080000063827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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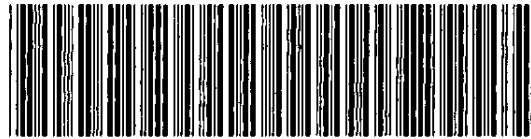
(Business Entity Name)

(Document Number)

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06/30/08--01052--017 **160.00

Effective Date 06/25/08

FILED
08 JUN 30 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

JUL - 1 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVISION 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:

JOHN PATRICK GUEST
(Name of Person)

INVISION PAINTING LLC
(Firm/Company)

7458 COLONY COVE LANE
(Address)

JACKSONVILLE FLORIDA 32277
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN PATRICK GUEST at (904) 444 0501
(Name of Person) (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Effective Date 06/25/08

INVISION 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:

7458 Colony Cove Lane
JACKSONVILLE FLORIDA
32277

Mailing Address:

7458 Colony Cove Ln
JACKSONVILLE FLORIDA
32277

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:

JOHN PATRICK GUEST
Name

7458 Colony Cove Lane
Florida street address (P.O. Box **NOT** acceptable)
JACKSONVILLE FL 32277
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..

John Patrick Guest
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

JOHN PATRICK GUEST
7458 COLONY COVE LN
JAX FLA 32277

MGRM

NANCY C MARK
7458 COLONY COVE LN
JAX FLA 32277

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 25 JUNE 08 (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:

John Patrick Guest
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.)

JOHN PATRICK GUEST
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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