## 1090000 39832

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,
(Document Number)
Certified Copies Certificates of Status
Cassial Instructions to Filtre Office
Special Instructions to Filing Officer:

Office Use Only



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04/23/09--01025--006 \*\*125.00

2009 APR 23 PH 9: 45

M. THOMAS

APR 27 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Division of C			
SUBJECT: ARNO	OLD WALKER PAIN	TING "LLC".	
SUBJECT:		Liability Company)	
The enclosed Articles	of Organization and fee(s) are su	ubmitted for filing.	
Please return all corres	spondence concerning this matter	r to the following:	
ARNOLD	WALKER		
	1)	Name of Person)	<del></del>
ARNOLD	WALKER PAINTIN	IG	
•	(1	Firm/Company)	,
1112- OL	D DIXIE HWY C-1		
		(Address)	
VERO BE	EACH, FLORIDA 32		<del></del>
	(City/	State and Zip Code)	
For further information	concerning this matter, please of	eall:	
ARNOLD WA	LKER	at 772 5693017	<b>6</b> 3
(Nam	ne of Person)	(Area Code & Daytime Telephone Number)	<b>4</b> 699
Enclosed is a check t	for the following amount:		2009 APR 20
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fe Certified Copy Certificate of State (additional copy is enclosed) Certified Copy (additional copy is enclosed)	us & T
	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 Compan	y is:
ARNOLD WALKER PAINTING (Must end with the words "Limited	"L.L.C." Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1112- OLD DIXIE HWY, C-1 VERO BEACH, FLORIDA 32960	P.O. BOX 643209 VERO BEACH, FLORIDA 32964
	ered Office, & Registered Agent's Signature: Registered Agent, You must designate an individual or another
The name and the Florida street address of	the registered agent are:  WALKER Jame  APR 23
ARNOLD \	WALKER SS T
Ņ	lame Care
1112- OLD DIXIE	HWY. C-1
Florida stree	et address (P.O. Box NOT acceptable)

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)

VERO BEACH, FLORIDA 32960

City, State, and Zip

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	ARNOLD WALKER
	P.O. BOX 643209
	VERO BEACH, FLORIDA 32964
MGRM	PAULETTE W. WALKER
**************************************	P.O. BOX 643209
	VERO BEACH, FLORIDA
(Use attachment if necessary)	
,	
ARTICLE V: Effective date, if other than t	the date of filing: 4/21/2009 (OPTIONAL)
(If an effective date is listed, the date must to or 90 days after the date of filing.)	t be specific and cannot be more than five business days prior
to or 90 days after the date or iming.	APR APR
	Signal Control
<b>REQUIRED</b> SIGNATURE:	
A Company of the Comp	meld Wille Description of "
Signature of a men	nber or an authorized representative of a member.
of this document co	section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury and herein are true.)
	OLD WALKER
	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)