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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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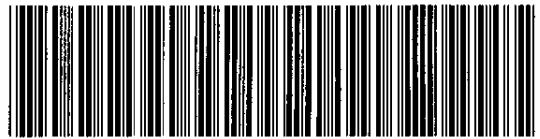
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2009 JUN 17 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

JUN 18 2009

EXAMINER

# NOVAK LAW OFFICES

ATTORNEYS AT LAW

JEREMY T.M. NOVAK\*  
JOSEPH S. NOVAK\*\*  
JUDITH A. NOVAK\*  
DOUGLAS L. NOVAK†

\* Member FL & NJ Bar  
\*\*Member of NJ Bar & Of Counsel (FL)  
\* Member of PA & NJ Bar  
† Member of SC Bar & Of Counsel (FL)

Florida Offices  
209 7<sup>th</sup> STREET  
PORT ST. JOE, FLORIDA 32456

TEL. (850) 229-4700  
TELEFAX (850) 229-1148  
[www.NovakLaw.us](http://www.NovakLaw.us)

June 15, 2009

## VIA REGULAR FIRST CLASS MAIL

Department of State  
Registration Section-Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

**Re: Articles of Incorporation for Florida Limited Liability Company (LLC)  
Darin's Painting & Wallcovering, LLC**

Dear Registration Section:

Enclosed please find the proposed Articles of Organization for the above referenced entity to be incorporated as, Darin's Painting & Wallcovering, LLC.

Kindly return all correspondence, filed papers, information requests and/or further inquiries concerning this matter to our offices at:

Novak Law Offices, PLLC  
c/o Jeremy T.M. Novak, Esq.  
209 7<sup>th</sup> Street  
Port St. Joe, Florida 32456  
(850) 229-4700

Additionally, please find a check in the amount of one hundred twenty five dollars (\$125) for the State required Filing Fee.

Thank you for your anticipated cooperation and assistance in this regard.

Respectfully submitted,

Jeremy T.M. Novak

Novak Law Offices, PLLC

Encl.

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2009 JUN 17 AM 10:54  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Darin's Painting & Wallcovering, 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:

226 7th Street

Port St. Joe, Florida 32456

#### Mailing Address:

226 7th Street

Port St. Joe, Florida 32457

### 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:

Jeremy T.M. Novak, Novak Law Offices PLLC

Name

209 7th Street

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

Port St. Joe FL FL 32456

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.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**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:**

MGRM

Darin Carmen

224 7th Street

Port St. Joe, Florida 32456

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

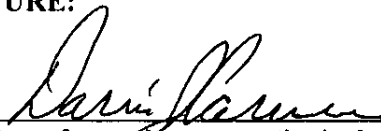
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(Use attachment if necessary)

**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.)

Darin J. Carmen

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JUN 17 AM 10:54

FILED

**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)**