

(Requestor's Name)
(Address)
(numess)
(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



600157244576

06/26/09--01016--008 **130.00

09 JUN 26 PH 12: 30
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

D. BRUCE
JUN 2 9 2009
EXAMINER

COVER LETTER

TO:

Registration Section

Division of C	Corporations		
SUBJECT:		ter's of N.W. Florida,	LLC
	Name of Limite	ed Liability Company	
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
	By	ran A. Galvan Name of Person	
		Firm/Company	
	981 Highwa	ay 98E, Suite 3, #218	
		Address	09 JUN 26 SECRETAR TALLAHASS
		n, Florida 32541 /State and Zip Code	HAR DA
	·		. ≥
	E-mail address: (to be used for	anpa@gmail.com or future annual report notification)	
For further informatio	n concerning this matter, please	call:	PH 12: 30 OF STATE E. FLORIDA
	n A. Galvan e of Person	at (<u>850</u>) <u>5</u> Area Code & Daytime Tele	
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 Corporation Clifton Building 2661 Executive Center C	s

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:
People Painter (Must end with the words "Limite	's of N.W. FL., LLC 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:
2060 Cambridge Circle Pensacola, FL 32514	981 Highway 98 E Suite 3, #218 Destin, FL 32541
	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another
The name and the Florida street address of	of the registered agent are:
Fra	ank Galvan Name Name All All All All All All All All
	y 98E, Suite 3, #218 ss (P.O. Box NOT acceptable) 41 FL
Destin,FL 3254 City,	11 FL State, and Zip State
liability company at the place designal registered agent and agree to act in this c statutes relating to the proper and comp accept the obligations of my position of the control of the c	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 allete performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 608, F.S

(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:

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	nger maging Member	Name and Address:		
Ryan A. Galva	<u>n</u>	2060 Cambridge Circle Pensacola, FL 32514		- -
	<u>. </u>			<u>.</u> -
				- - -
				-
(Use attachment	t if necessary)			-
CLE V: Effective	date, if other than the sted, the date must be late of filing.)	date of filing: (especific and cannot be more than five bu	OPTIC isiness	ONAL days
CLE V: Effective effective date is list the d	date, if other than the sted, the date must be late of filing.) IGNATURE: Signature of a member of this document const that the facts stated her	r or an authorized representative of a member.	siness SECF	NAIL days