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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
09 SEP 21 AM 11:14

B. KOHR

SEP 22 2009

EXAMINER

## COVER LETTER

TO: **Régistration Section**  
**Division of Corporations**

SUBJECT: Precision 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:

David A. Peeples

(Name of Person)

Precision Painting, LLC

(Firm/Company)

P. O. Box 662

(Address)

Lake Comg FL 32157

(City/State and Zip Code)

EFFECTIVE DATE

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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For further information concerning this matter, please call:

David A. Peeples

(Name of Person)

at (

386 ) 916-6682

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 1, 2009

DAVID A. PEEPLES  
P.O. BOX 662  
LAKE COMO, FL 32157

EFFECTIVE DATE 10/1/09

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 21 AM 11:14

SUBJECT: ~~PRECISION PAINTING, LLC~~  
Ref. Number: W09000039229

*See new  
Attached*

We have received your document for PRECISION PAINTING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$125.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 309A00029200

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

**EFFECTIVE DATE** 10/1/09

The name of the Limited Liability Company is:

Precision Painting & Restoration, LLC  
(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:**

**Mailing Address:**

299 Old Hwy 17  
Lake Como, FL 32157

P.O. Box 662  
Lake Como, FL 32157

**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:

David A. Peeples

Name

299 Old Hwy 17

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

Lake Como FL 32157

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..*

David A. Peeples

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:**

MGR

David A. Peoples  
PO BOX 662  
LAKE COMO, FL 32157

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10/1/09. (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:**

David A. Peoples  
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.)

David A. Peoples  
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)**