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## **COVER LETTER**

**Registration Section** 

Division of Co	rporations		
SUBJECT:	FRANCO'S PAI Name of Limite	NTING & REPAIR d Liability Company	LLC
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspondent	ondence concerning this matte	er to the following:	
	FRANCIS A.	CARTER	
FR	CANCO'S PAINTINE	1 & CEPAIR, LLC Firm/Company	
		Firm/Company	
<del>2  </del>	12 N DUNKEN	FIELD AVENUE	
<u> </u>		Address	· · · · · · · · · · · · · · · · · · ·
	CRYSTAL RIVER	e. FL 34429	
<del></del>	City	/State and Zip Code	
	ididitz@ Er	MBARQ MAIL (COM)	
	E-mail address: (to be used for	or future annual report notification)	· · · · · · · · · · · · · · · · · · ·
For further information of	concerning this matter, please	call:	
Frank	CARTER	at (352) 422 - 4 Area Code & Daytime Telep	1049
Name o	of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check fo	r 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 C Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
FRANCO'S PAINTING & REPAIR, 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:
412 N DUNKENFIELD AVE 412 N DUNKENFIELD AVE CRYSTAL RIVER FL 34429
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:  FRANCIS A. CARTER  Name  HID N DUVENFIELD AVENUE  Florida street address (P.O. Box NOT acceptable)  CRYSTAL RIVER FL 34434  City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limite 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 a 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.

ns of my position as registered agent as provided for in Chapter

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "MGR" = Mana "MGRM" = Ma		Name and Address:	
MGR		FRANCIS A. CARTER 412 N DUNKENFIEL CRYSTAL RIVER, FL	
			ZOHO JUL
			ARY 0 SIA
(Use attachment	if necessary)		15 Z 3
CLE V: Effective	date, if other than the	e date of filing: be specific and cannot be more tha	(OPTIONA
CLE V: Effective	date, if other than the sted, the date must hate of filing.)	e date of filing:  De specific and cannot be more that	(OPTIONA
CLE V: Effective effective date is li- days after the d	date, if other than the sted, the date must blate of filing.)  GNATURE:	pe specific and cannot be more that	. (OPTIONA an five business day
CLE V: Effective effective date is li- days after the d	date, if other than the sted, the date must be late of filing.)  GNATURE:  Signature of a member (In accordance with see	er or an authorized representative of a ection 608.408(3), Florida Statutes, the extitutes an affirmation under the penalties	. (OPTIONA an five business day member.

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)