## L10000078821

(Requestor's Name)				
(Address)				
· (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



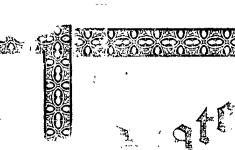
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SECRETARY OF STATE
SALE ANASSEE, FLORIDA

## **COVER LETTER**

Division of Co	orporations '	t .		
SUBJECT: FLETCH	HER PAINTING "L.L.C."	•		
		ed Liability Company		
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
PATRICIA FL	ETCHED			
PAIRICIAFL	EIGHER	Name of Person		
FLETCHER F	PAINTING	· · · · · · · · · · · · · · · · · · ·		
		Firm/Company		
3251 SHAMR	OCK EAST			
		Address		
ISSAHA LIAT	EE EI ODIDA 32300			
TALLAHASSEE, FLORIDA 32309  City/State and Zip Code				
fletch1950@comcast.net				
	E-mail address: (to be used	for future annual report notification)		
For further information	concerning this matter, please	e cali:		
But to Flori		000 0004		
Patricia Fletcher Name of Person		at ( 850 ) 933-3601 Area Code & Daytime Telep	ahone Number	
210445	<b>3.1 413</b> 0 <i>11</i>	The course bayant tere		
Enclosed is a check fe	or 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		







FLORIDA DEPARTMENT OF STATE Division of Corporations

July 13, 2010

PATRICIA FLETCHER 3251 SHAMROCK EAST TALLAHASSEE, FL 32309

SUBJECT: FLETCHER PAINTING "L.L.C."

Ref. Number: W10000032967

We have received your document for FLETCHER PAINTING "L.L.C." and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 710A00017014

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
Thomas Fletcher (Must end with the words "Limited I	ciability Company, "L.L.C.," fr "LLC.")	
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited Liabili	ty Company is:
Principal Office Address:	Mailing Address:	
3251 SHAMROCK EAST	3251 SHAMROCK EAST	
TALLAHASSEE, FLORIDA 32309	TALLAHASSEE, FLORIDA 32309	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.)  The name and the Florida street address of t  PATRICIA FLETCHER	Registered Agent. You must designate an individual he registered agent are:	
Ni	ame	
3251 SHAMROCK EA	AST	3: 02 STATE
Florida stree	t address (P.O. Box NOT acceptable)	
TALLAHASSEE	Ft. 32309	

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..

City, State, and Zip

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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member "MGR/\/\" PATRICIA FLETCHER 3251 SHAMROCK EAST TALLAHASSEE, FLORIDA 32309 (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.

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

PATRICIA FLETCHER

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

Filing Fees:

\$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury