## 1000000776b

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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(Document Number)
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DIVISION CONTRACTORISMS
TALLAHASSEE FLORIDA

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SSEINAY DE MANS LAHASSEE, FLORIDA

D. BRUCE

OCT 15 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: GTW 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:	
GEORGE WILLIAMS Name of Person	
GEORGE WILLIAMS  Name of Person  GTW PAINTING  Rim/Company	
714 Soventh St Address	
Quincy FIA 32-351 City/State and Zip Code	
Chyrstale and Zip Code	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	1
For further information concerning this matter, please call:  GBONGE WILLIAMS at (850) 694-6505  Name of Person Area Code & Daylime Telephone Number 25008	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{Certificate of Status} S155.00 Filing Fee &	٠
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	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

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(Must end with the words "Limited Enability Company, "LL.C." or "LLC.")

## **ARTICLE II - Address:**

**Principal Office Address:** 

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

The mailing address and street address of the principal office of the Limited Liability Company is:

**Mailing Address:** 

714 Sovowth St 714 Se	eventh st
Quincy, FILL 32351 Quincy,	FIA 32351
ARTICLE III - Registered Agent, Registered Office, & Regis (The Limited Liability Company cannot serve as its own Registered Agent. You must business entity with an active Florida registration.)	tered Agent's Signature: designate an individual or another
The name and the Florida street address of the registered agent and	re:
GEORSE WI'llikms	- LAND
714 Seventh St Florida street address (P.O. Box NOT	S Caccentable)
Quilley Ph FL 32.35 City, State, and Zip	
City, State, and Zip	<b>58</b>

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)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM (Use attachment if necessary) \_. (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: \_\_\_ (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:** Minima 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV- Manager(s) or Managing Member(s):

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

GEORGE WILLIAMS
Typed or printed name of signee