

L12000012601

(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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01/20/12--01034--015 \*\*150.00

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12 JAN 26 PM 3:34  
TALLAHASSEE, FLORIDA  
CLERK OF THE COURT

B. BOSTICK

JAN 26 2012

EXAMINER



CHIEF FINANCIAL OFFICER  
JEFF ATWATER  
STATE OF FLORIDA

FILED  
12 JAN 26 PM 3:36  
STATE  
TALLAHASSEE, FLORIDA

DATE: 1-26, 2012

Please deliver the following page(s) to: Barbara

NAME	PHONE	FAX
<u>Barbara</u>		<u>850-245-6030</u>

Sender's Name: Donald Hurst For Dan Barbours

NAME	PHONE	FAX
<u>Donald Hurst, WC Investigator</u>	<u>850-747-5452</u>	<u>850-747-5426</u>

Number of pages, including this page: 1

Comments or Special Instructions:

I Dan Barbours am the original owner of Dan Barbours Painting LLC. In reference to the rejected filing for Dan Barbours Painting LLC on 1-23-12 this is the same company as Dan Barbours Painting LLC Filed on 4-5-10 I have no intention on reprobating this company and want to form new one with the New Owner

Don

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dan Barbour 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:

Dan Barbour  
Name of Person

Dan Barbour LLC  
Firm/Company

14204 Big Island Pond Rd  
Address

South port FL 32409  
City/State and Zip Code

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TALLAHASSEE, FLORIDA

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dan Barbour at (850) 866-3045  
Name of Person 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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Dan Barbour Painting 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:

14204 Big Island Pond  
Southport FL 32409

### Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

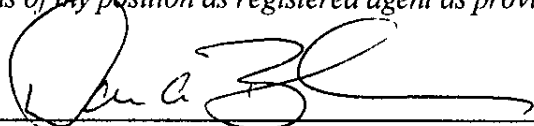
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Dan Barbour  
Name  
14204 Big Island Pond  
Florida street address (P.O. Box **NOT** acceptable)  
Southport FL 32409  
City, State, and Zip

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STATE  
TALLAHASSEE, FLORIDA

*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)

**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:**

President

Dan Barbaur  
14209 Big Island Pond Rd  
South Port 32409

Vice President

Jacob Foster  
14209 Big Island Pond Rd  
South Port 32409  
FL

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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.

(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.)

Dan N Barbaur

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)**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2012

DAN BARBOUR  
14209 BIG ISLAND POND ROAD  
SOUTH PORT, FL 32409

SUBJECT: DAN BARBOUR PAINTING LLC  
Ref. Number: W12000004170

*1-26-12 @ 1:52 P.m.  
Will call back within  
an hour to see if filed.  
Qualine*

We have received your document for DAN BARBOUR PAINTING LLC and your check(s) totaling \$150.00. 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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is L10000036685

Please listed the name of your registered agent.,

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) 245-6028.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 412A00001578