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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: CBJ'S Painting Service 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:				
Casey lairsey				
CBJ's Painting Service LLC.				
86064 Lee Plantation				
Yulee, FLORDIA, 32097				
Vulee, FLORDIA, 32097 City/State and Zip Code Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Casey Jairsey at (904) 229 -8819 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}				
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
C \$ J's Painting Service 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 Liabil	lity Comp	any is:		
Principal Office Address: Mailing Address:				
36064 Lee Plantation 36064 Lee Plan	Hion EC	JZ09		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signate an individual business entity with an active Florida registration.)				
The name and the Florida street address of the registered agent are:				
Cosey lairsey		Ĭĸ.		
86064 Lee Plantation Florida street address (P.O. Box NOT acceptable)				
Vulee FL 32097 City, State, and Zip				
Having been named as registered agent and to accept service of process for the about liability company at the place designated in this certificate, I hereby accept the aprecistered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am fa accept the obligations of my position as registered agent as provided for in Chap	ppointmen provision miliar with	nt as ns of all h and		
Registered Agent's Signature (REQUIRED)		12 JAN 21		
(CONTINUED)	~~	3		
Page 1 of 2	FLOR STA			

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
50% Casey lairsey/mgR	210 code 32097
50% John Thornton/mGR	ZIP code 32218
(Use attachment if necessary)	
	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	

Signature of a member of/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.)

An SU 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)