## L12000051228

(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

B. KOHR

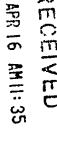
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## **COVER LETTER**

TO: Registration Division of C	Section Corporations		TAPA 16
SUBJECT:	K and D painting Name of Limited	LLC Liability Company	·
The enclosed Articles	of Organization and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
Brian	n Richard PriFF	ame of Person	
Kan	a Richard PeiFF	 rm/Company	
	SAMISON AVE	Address	
Port S	t, Joe FL 32.	456 tate and Zip Code	
		future annual report notification)	
For further information	n concerning this matter, please ca	all:	
Brian Pr	e of Person	t ( <u>850</u> ) <u>247</u> – Area Code & Daytime Teleph	88 19 none Number
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		\$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 Ci Tallahassee, FL 32301	rcle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	DO ANDITED DE EDIDE E COMMINICA
ARTICLE I - Name: The name of the Limited Liability Company is:	
Kand D painting LLC (Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1315 Garrison Ave Furt St. Joe FL 32456	1315 Garrison Ave Port St. Joe FL 32456
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered)	

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

business entity with an active Florida registration.)

Brian Richard PeiFfer

Name

1315 Garrison Ave

Florida street address (P.O. Box NOT acceptable)

Port St. Joe FL 32456

City, State, and Zip

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

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Memb	er
MGBM	Boin PriFFEC
	1315 Garnson Ave
	Port St. Joe FL 32456
MGRM	Jerald E GOAVES IN
14121314	9950 SWIR 392
	9950 SWCR 392 Kiniard FL 32449
	·
<del></del>	
(Use attachment if necessary)	
LE V: Effective date, if other t	than the date of filing: $4 - 16 - 2012$ (OPTI
fective date is listed, the date	must be specific and cannot be more than five business
days after the date of filing.)	
REQUIRED SIGNATURE:	
0	- A.Mea
15	

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)

Typed or printed name of signee