L12000060041

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Sacress Entry Harris)				
(Document Number)				
(Bocument Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





900230080079

Effective Date 05/01/12

05/02/12--01003--023 **160.00



J. BRYAN

MAY - 3 2012

EXAMINER

COVER LETTER

	ion Section of Corporations				
SUBJECT: Co	nversation Piece Fir	nishes, LLC			
Name of Limited Liability Company					
The enclosed Artic	eles of Organization and fee(s) are	submitted for filing.			
Please return all co	prespondence concerning this matt	er to the following:			
lama	A Compto				
<u>James</u>	s A. Gornto	Name of Person	<u> </u>		
<u> </u>		Firm/Company			
		rimi/Company	10 1		
1258 I	Burtwood Drive		PEC E		
		Address			
Fort Mv	ers, FI 33901		TALLAHASSEE, FLORIE		
		y/State and Zip Code			
convers	ationpiecefinishes@yah	oo.com	7. S		
	E-mail address: (to be used t	or future annual report notification)			
For further informa	ation concerning this matter, please	call:	>		
James A Go	rnto .	239 849-0271			
	Name of Person	Area Code & Daytime Tele	phone Number		
Enclosed is a che \$125.00 Filing Fed		\$155.00 Filing Fee & [v	\$160.00 Filing Fee,		
	Certificate of Status	Certified Copy (additional copy is enclosed)	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 Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FO	es, LLC. ded Liability Company, "L.L.C.," or "LLC.")
ARTICLE I - Name:	
The name of the Limited Liability Compa	any is:
Conversation Piece Finish	es, LLC. 🖔 🐔 🥕
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	A CONTRACTOR OF THE CONTRACTOR
	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12700 Metro Pkwy	1258 Burtwood Drive
Suite 12	Fort Myers, FI
Fort Myers, FI 33966	33901
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	stered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another
The name and the Florida street address of	of the registered agent are: Effective Date $05/01/16$
Georgia Gornto	,
	Name
1258 Burtwoo	od Drive
Florida st	reet address (P.O. Box <u>NOT</u> acceptable)
Fort Myers	_{FL} 33901
	City, State, and Zip
	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as

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)

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:

<u>Title:</u> "MGR" = Manager	Name and Address:	ALCO MAN
"MGRM" = Managing Member		THE MAN IN
MGR	James A Gornto	
	1258 Burtwood Drive	
	Fort Myers, FI 33901	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		· · · · · · · · · · · · · · · · · · ·
		

(Use attachment if necessary)

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:

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:

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

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