

L12000120931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

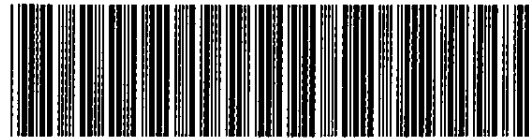
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300239779343

09/20/12--01013--013 **130.00

FILED
12 SEP 20 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan SEP 21 2012

COVER LETTER

(BLUE HERON)

TO: Registration Section
Division of Corporations

SUBJECT: BLUE HERON PAINTING CO. 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:

JEFFERY E. MCGUIRT
Name of Person

BLUE HERON PAINTING CO. LLC.
Firm/Company

1213 GLYNN ARCHER JR DR #22
Address

KEY WEST FL. 33040 * (MAIL) P.O. Box 4774
City/State and Zip Code KEY WEST, FL 33041

jemcguirt@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFF MCGUIRT at (305) 747-8812
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

* Dear Sirs, / Madam
Please send documentation also (if possible)
to jemcguirt@live.com. that I may
print out for Monroe Co. (Time sensitive)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BLUE HERON PAINTING Co. 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:

1213 GLYNN ARCHER JR. DR.
22 KEY WEST, FL.
33040

Mailing Address:

P.O. Box 4774
KEY WEST, FL.
33041

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:

JEFFERY EUGENE MCGUIRT
Name

1213 GLYNN ARCHER JR. DR. #22
Florida street address (P.O. Box **NOT** acceptable)
KEY WEST, FL 33041
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..

Jeffery Eugene McGuirt
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

MGR.

Name and Address:


JEFFERY EUGENE MCGUIRT
1213 Glynco Archer Dr.
#22 Key West, FL 33040

(Use attachment if necessary)

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 Banking and Finance constitutes a third degree felony as provided for in s.817.155, F.S.)

JEFFERY EUGENE MCGUIRT
Typed or printed name of signee

FILED
12 SEP 20 PM 12:05
STATE OF FLORIDA
TALLAHASSEE

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)