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(Requestor's Name)			
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SEGRETARY OF STATE
SEGRETARY OF STATE
ANASSEE, FLORIDA

COVER LETTER

V

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	BRIAN MANNING Name of Person
	WISESPREAD PAINTING UC.
	96730 BLACKROCK ROAD
	YULEE, FLORIDA 32097 City/State and Zip Code
-	BSCOTMANNINGS P. G. HOTMAIL COM E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Name of Person at (904) 335 - 7084 Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount: \$130.00 Filing Fee & Sertified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & 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:	
WIDES PICEAD PAINT (Must end with the words "Limited Liabil	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
96730 BLACKROCK RO YOUEE, FL 32097	96730 BLACKROCK RD YOLDE, FL 32097
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the r	egistered agent are:
BRIAN MA	MNM6
Name	
91730 BLACKROX	Iress (P.O. Box NOT acceptable)
	iress (P.O. Box NOT acceptable)
YULE FL	FL 32097 ate, and Zip
•	•
riaving oeen namea as regisierea agent ana to l liability company at the place designated in t	accept service of process for the above stated limited his 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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	80.00 -00.00
MGEND MGL	BRIAN MANNING 96730 BLACKROCK RD YULE FL 30017
MCRM	JENNIFFR WEBB 96730 BLACKROCK RD YULEE FL 32097
	
(Use attachment if necessary)	1 1
	e date of filing: 10 1 2012 (OPTIONAL) se specific and cannot be more than five business days pri
90 days after the date of filing.)	

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.)

BRIAN MANNING
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)