

L12000139331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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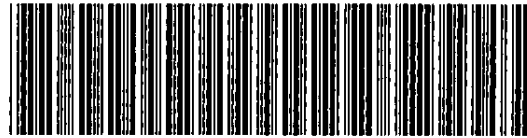
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV - 2 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Shields And Sons Painting"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:

Malissa Shields

Name of Person

Shields and Sons Painting"LLC,"

Firm/Company

3906 Washington Rd. Apt #3

Address

West Palm Beach, Florida 33405

City/State and Zip Code

shieldsandsonspainting48@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Malissa Shields

Name of Person

at ( 561 ) 215 3904

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

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Shields and Sons Painting, "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:

### Mailing Address:

3906 Washington Rd #3  
West Palm Beach FL 33405

Malissa Shields  
3906 Washington Rd #3  
West Palm Beach FL 33405

## 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:

Malissa Shields  
Name

3906 Washington Rd. apt 3  
Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach FL 33405  
City, State, and Zip

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*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..*

Malissa Shields  
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

**Name and Address:**

MGRM

Malissa Shields  
3906 Washington Rd. apt #3

MGRM

Robert A Shields  
3906 Washington Rd. apt #3

MGRM

Robert L Shields  
2787 10th ave N apt #306 Buld #4  
Palm Springs FL 33461

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Jan 1, 2013 (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:**

Malissa Shields

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.)

Malissa Shields

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)

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