

**L12000143756**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

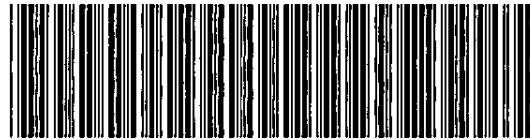
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



**800241694118**

11/13/12--01016--014 \*\*130.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2012 NOV 13 AM 10:53

**C. LEWIS**  
NOV 14 2012  
EXAMINER

(850) 245-6051.

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Just Paint and Textures  
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:

Mike Parent

Name of Person

Just Paint and Textures

Firm/Company

7692 Indian Trail Rd.

Address

Brooksville, FL 34613

City/State and Zip Code

mike.parent.71@yahoo.com

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

For further information concerning this matter, please call:

Mike Parent

Name of Person

at ( 352 ) 362-6918

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Just Paint and Textures, 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:

7692 Indian Trail Rd.  
Brooksville, FL 34613

#### Mailing Address:

7692 Indian Trail Rd.  
Brooksville, FL 34613

### 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 that will serve as the registered agent.)

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

Mike Parent  
Name

7692 Indian Trail Rd.  
Florida street address (P.O. Box **NOT** acceptable)

Brooksville, FL 34613  
City, State, and Zip

FILED  
STATE  
SECRETARY OF CORPORATION  
DIVISION  
2012 NOV 13 AM 10:53

*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..*

Mike Parent  
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:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

2012 NOV 13 AM 10:53

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Mike Parent  
7692 Indian Trail Rd.  
Brooksville, FL 34613

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 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:**

  
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.)

Mike Parent  
Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation

or Registered Agent

\$ 50.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)