

L13000126820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

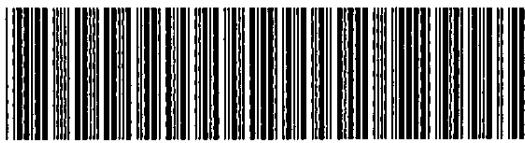
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EFFECTIVE DATE 09-13

2013 SEP -6 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

B. BOSTICK

SEP - 9 2013

EXAMINER



John T. Driscoll, P.A.

Certified Public Accountant \ MBA

825 SE 3rd Ave, Suite 200
Ocala, FL 34471
Member FICPA

Telephone (352) 622-5664
Fax (352) 671-5373
E-mail: cpa@jtdriscollcpa.com

August 30, 2013

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed please find original and one (1) copy of the Article of Organization for
ALL N ONE PAINTING, LLC

I have enclosed a check in the amount of \$125.00 to cover the costs as follows:

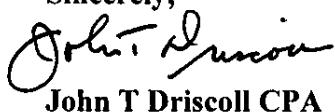
Article of Organization filing fee	<u>\$ 125.00</u>
Total	\$ 125.00

Please forward a stamped copy of the Article of Organization to the below address:

John T. Driscoll C.P.A., P.A.
825 SE 3rd Ave, Suite 200
Ocala, Florida 34471

Thank you in advance for your kind and prompt attention to this matter, and if you
should have any questions please call me at (352) 622-5664.

Sincerely,



John T Driscoll CPA

Enclosures

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SECURE STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
ALL N ONE PAINTING, LLC**

The undersigned subscriber(s) to these Articles of Organization, each a natural person competent to contract, hereby associate themselves together to form a limited liability company under the Laws of the State of Florida.

ARTICLE I. - NAME

The name of this limited liability company is:

ALL N ONE PAINTING, LLC

ARTICLE II. - MAILING ADDRESS

The mailing address and the principal office address are the same.

**3500 SW 25TH STREET
OCALA, FLORIDA 34474**

ARTICLE III. - REGISTERED AGENT

**ERNEST L TIBBETTS IV
3500 SW 25TH STREET
OCALA, FLORIDA 34474**

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..

Signature


ERNEST L TIBBETTS IV

Registered Agent

Date

9-4-13

RECEIVED
SHERIFF OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV. - MANAGING MEMBERS

**ERNEST L TIBBETTS IV
3500 SW 25TH STREET
OCALA, FLORIDA 34474**

ARTICLE V. - TERMS OF EXISTENCE

This Limited Liability Company is to exist perpetually. The effective date of this Limited Liability Company shall be **SEPTEMBER 1, 2013**

Signature



ERNEST L TIBBETTS IV

MGRM

Date

9.4.13

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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