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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
1	Office Use Onl	ly



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## **COVER LETTER**

Registration Section

TO:

Division of Corporations			
SUBJECT: WAYNE'S PAINTING OF OKALO			
Name of Lin	nited Liability Company		
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
CURTIS W. LAGRONE			
	Name of Person		
WAYNE'S PAINTING OF OKALOO			
	Firm/Company		
4872 GARNER LANDING RD			
	Address	2 <b>01</b>	
HOLT, FLORIDA 32564		2014 OCT	-
	ity/State and Zip Code		it Tears (1985)
		က်ပြီး <b>ယ</b> ကြင်း	g g
E-mail address: (to be used	d for future annual report notifica		Ser.
For further information concerning this matter, plea	se call:	8 (ATE COPED	
CURTIS W. LAGRONE at ( §	350 ) 612-0700	; ··	
Name of Person	Area Code Daytime Tel	lephone Number	
Enclosed is a check for the following amount:			
□ \$125.00 Filing Fee	□\$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	Street/Courier Addi	ress	
Registration Section Division of Corporations	Registration Section Division of Corporat	ions	
P.O. Box 6327	Clifton Building 2661 Executive Cent	er Circle	
Tallahassee, FL 32314	2661 Executive Cent	er Circle	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

	74446	
WAYNE'S PAINTING OF OKALOOSA COUN	<del></del>	
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "I	LLC.)
ARTICLE II - Address:		
The mailing address and street address of the princi	ipal office of the Limited Liability Comp	any is:
Principal Office Address:	Mailing Address:	
4872 GARNER LANDING RD	4872 GARNER LANDING RI	ס
HOLT, FL 32564		<u>-                                      </u>
ARTICLE III - Registered Agent, Registered Of		
	ffice, & Registered Agent's Signature: s own Registered Agent. You must design	
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its	ffice, & Registered Agent's Signature: s own Registered Agent. You must design stration.)	nate an individual or
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis	ffice, & Registered Agent's Signature: s own Registered Agent. You must design stration.)	
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis  The name and the Florida street address of the regis	ffice, & Registered Agent's Signature: s own Registered Agent. You must design stration.)	
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis  The name and the Florida street address of the regis	ffice, & Registered Agent's Signature: s own Registered Agent. You must design stration.) stered agent are:	
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis  The name and the Florida street address of the regis	ffice, & Registered Agent's Signature: s own Registered Agent. You must design stration.) stered agent are: Name	
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis  The name and the Florida street address of the regis  CURTIS W. LAGRONE  4872 GARNER LANDIN	ffice, & Registered Agent's Signature: s own Registered Agent. You must design stration.) stered agent are: Name	

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 605, F.S..

Cartis W. Zagrone
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
"MGR"	CURTIS W. LAGRONE
	4872 GARNER LANDING RD
	HOLT, FL 32564
	· · · · · · · · · · · · · · · · · · ·
EV: Effective date, if other than the ective date is listed, the date must bof filling.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 o
E V: Effective date, if other than the ective date is listed, the date must bof filing.)  E VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 c
E V: Effective date, if other than the ective date is listed, the date must bof filing.)  E VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 c
E V: Effective date, if other than the ective date is listed, the date must bof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of:  (In accordance with section constitutes an affirmation I am aware that any false in the extraction of the	a member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  nformation submitted in a document to the Department of State
E V: Effective date, if other than the ective date is listed, the date must bof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of:  (In accordance with section constitutes an affirmation I am aware that any false it constitutes a third degree it.)	a member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  nformation submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
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