

L150000725920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

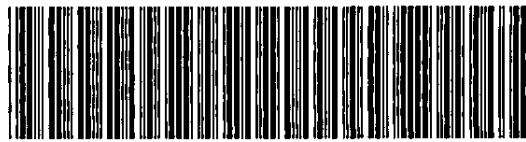
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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04/20/15--01006--005    \*\*130.00

J. Shavers APR 28 2015

15 APR 20 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **COVER LETTER**

**TO: Registration Section  
Division of Corporations**

SUBJECT: PAINTING AND MORE  
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:

STEVEN CAWLEY  
Name of Person

**Name of Person**

**Firm/Company**

5611 CHELSEY LANE #201

### Address

**City/State and Zip Code**

DSCAWLEY@SBCGLOBAL.NET

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

For further information concerning this matter, please call:

STEVE CAWLEY at (239) 338-8187  
Name of Person 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:

PAINTING AND MORE, 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:

56011 CHELSEY LANE  
UNIT 201  
FT MYERS, FL 33912

Mailing Address:

56011 CHELSEY LANE  
UNIT 201  
FT MYERS, FL 33912

**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:

STEVEN Cawley

Name

56011 CHELSEY LANE #201

Florida street address (P.O. Box NOT acceptable)

FT MYERS

City

FL 33912

Zip

*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.*

Steven Cawley

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 APR 20 AM 8:59  
FLORIDA  
REGISTERED AGENT  
STATE OF FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

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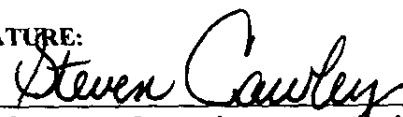
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4/30/15 (OPTIONAL)

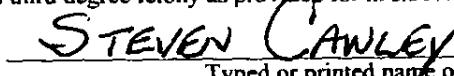
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)



Typed or printed name of signee

15 APR 20 AM 8:58  
FLORIDA  
STATE  
AGENCY  
SPECIALIST  
REGISTRATION  
DIVISION  
15 APR 20 AM 8:58

**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)