

L1100000110178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

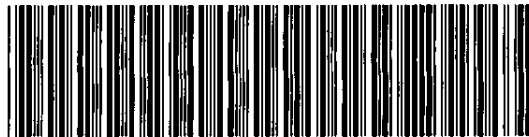
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400286644944

06/08/16--01008--001 **250.00

RECEIVED
JUN 08 2016
16 JUN - 8 AM 9:25
NOT VIEWED
IN ADOBE PDF
SUFFICIENCY OF FILING
FILED
16 JUN - 8 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 08 2016

T SCHROEDER

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive
Tallahassee, Florida 32312

(850) 656-4724

SUNSHINECORPORATE2014@GMAIL.COM

Date: 6/8/16

ENTITY NAME:

ABSOLUTE PERFECTION PAINTING, LLC

****PLEASE FILE THE ATTACHED AND RETURN:****

X Plain Copy
 Certified Copy

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

Document Number: _____

 Certified Copy of Arts & Amendments
 Certificate of Good Standing

****APOSTILLE/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL AMOUNT OWED: 125.00

CHECK NUMBER: _____

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I NAME

The name of the Limited Liability Company is:

ABSOLUTE PERFECTION PAINTING, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

17452 COX AVENUE

PORT CHARLOTTE, FLORIDA 33948

ARTICLE III REGISTERED AGENT

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

WAYNE K OSBORNE

17452 COX AVENUE

PORT CHARLOTTE, FLORIDA 33948

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.

X 

WAYNE K OSBORNE / Registered Agent's signature

FILED
16 JUN -8 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAGE 2 ABSOLUTE PERFECTION PAINTING, LLC

ARTICLE IV

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

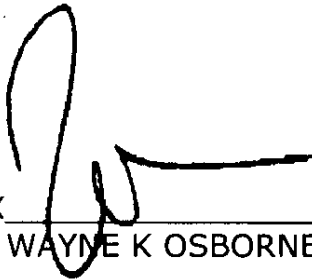
AUTHORIZED MEMBER

WAYNE K OSBORNE

17452 COX AVENUE

PORT CHARLOTTE, FLORIDA 33948

FILED
16 JUN -8 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

X 

WAYNE K OSBORNE / Authorized Representative's signature

(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.)