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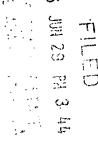
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	ECT: Payne's Dryu Name of	sall and Painting, Limited Liability Company	"LLC"
The en	closed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this	s matter to the following:	
	Joseph	Name of Person	
	Payne's Dryw	all and Painting, " Firm/Company	LLC"
	7021 Longle	eaf Creek Drive Address	
	Pensacola,	FL 32526 City/State and Zip Code	
	E-mail address: (to be u	e 2 @ cox , vet sed for future annual report notification	on)
For furth	ner information concerning this matter, ple	ease call:	
	Joseph Payne at Name of Person	(450) 503-690 Area Code Daytime Telephone	Number
	ed is a check for the following amount: 00 Filing Fee \$130.00 Filing Fee & Certificate of Status		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is entitied)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporation Clifton Building 2661 Executive Cente	r Circle မှ မှ

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	FILED
Payne's Drywall and Painting (Must end with the words "Limited Liability Company, "L.L.E.," or "LI	16 JUN 29 PI; 3. 44 LC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compar	ıny is:
Principal Office Address: Mailin	ng Address:
7021 Longleaf Creek DR. Sam Pensacola, FL 32526	<u> </u>
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate another business entity with an active Florida registration.)	ate an individual or
The name and the Florida street address of the registered agent are:	
Joseph L. Payne	
7021 Longleaf Creek Drive Florida street address (P.O. Box NOT acceptable)	·
Pensacola FL 325 City State Zip	<u>26</u>
City State Zip	
Having been named as registered agent and to accept service of process for the above stated limit place designated in this certificate, I hereby accept the appointment as registered agent and agree further agree to comply with the provisions of all statutes relating to the proper and complete per am familiar with and accept the obligations of my position as registered agent as provided for in	ee to act in this capacity. I rformance of my duties, and I
Registered Agent's Signature (REQUIRED))
(CONTINUED)	

Page 1 of 2

"MGR" = Manager	Name and Address:
"MGR"	Joseph L. Payne 7021 Longleaf Creek Dr. Pensacola, FL 32526
(Use attachment if necessary)	
of filing.)	fic and cannot be more than five business days prior to or 90 da et the applicable statutory filing requirements, this date will not be State's records.
•	
E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem	Payu ber or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a mem This document is executed 1 am aware that any false ir constitutes a third degree for the second of th	ber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
REOUIRED SIGNATURE: Signature of a mem This document is executed 1 am aware that any false ir constitutes a third degree for the second of th	I in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.

Page 2 of 2

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