## L05000096452

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	• #)
	WAIT	·
(Bu	siness Entity Nan	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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## TRANSMITTAL LETTER

	ation Section				
Division	n of Corporations				
SUBJECT:	1 HOMAS FRESHE (Name of Limit	STE ted Liab	Para ility Comp	omb, LLC	
The enclosed Art	ticles of Organization and fee(s) are	submitt	ed for filir	ng.	
	Please return all correspond	ence cor	ncerning th	nis matter to the following:	
	RONALD HOGARTH				
		(Name o	f Person)		
	T&H COMPTROLLERS	s, IN	ıc.		
		(Firm/C	ompany)		
	200 CAPRI ISLES	BLVD	)., SU	ITE 2	
		(Add	iress)		
	VENICE, FL 3429	2			
	(Ci	ty/State a	nd Zip Coo	le)	
For further infor	mation concerning this matter, pleas	se call:			
RONALD	HOGARTH	at (	941	484-4980	
	(Name of Person)		(Area Coc	le & Daytime Telephone Number)	

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	s:
THOMAS FRECH	ETTE PAINTING, LLC
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
2176 BLOSSOM DR.	SAM5
SARASOTA, FL 34239	
	· · · · · · · · · · · · · · · · · · ·
The name and the Florida street address of the THOMAS FR. Name 2176 BLOSS	
_	
City, State	FLORIDA <b>34239</b> e, and Zip
g been named as registered agent and to accept s	ervice of process for the above stated limited liability

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, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	THOMAS FRECHETTE 2176 BLOSSOM AR. SDRUSOM, FL. 34239.
(Use attachment if necessary)	
NOTE: An additional article n	nust be added if an effective date is requested.
(In accordance with sec of this document constite that the facts stated here	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury ein arc true.)

ARTICLE IV- Manager(s) or Managing Member(s):

Filing Fees;
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)