20000092265

(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Name	e)		
(Document Number)				
Certified Copies	_ Certificates o	of Status		
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06 SEP 20 PN 4: 36

SECRETARY OF STATE
AND ASSEE, FLORIDA

100to - 391049 MAN



September 8, 2006

DURVAL DIAS FILHO 7405 SW 11TH CT NORTH LAUDERDALE, FL 33068

SUBJECT: DURVAL'S AUTO PAINT CO.

Ref. Number: W06000039649

We have received your document for DURVAL'S AUTO PAINT CO.. However, the document has not been filed and is being returned for the following:

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6065.

Letter Number: 106A00054517

MARIA L FENDER OFFICE CLERK

TRANSMITTAL LETTER

DATE: 09-04-06

Registration Section **Division of Corporations** P. O. Box 6327 Tallahássée, Florida 32314. DURVAL'S AUTO PAINT (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: DURVAL DIAS FILHO
(Name of Person) DURUAL'S AUTO PAINT CO.
(Firm/Company) 7405 SW 11TH CT (Address) NORTH LAUDERDALE, FL 33068 (City/State and Zip Code) For further information concerning this matter, please call:

DURVAL DIAS at (954 8955344 (Area Code & Daytime Telephone No.

Enclosed is a check for \$125.00 for the filing fee.

TO:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	Γŀ	CL	E	I		Na	ım	e	:
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The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Principal Office Address: Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

7405 5W 1/TH CT
Florida street address (P.O. Box NOT acceptable)

NORTH LANDEDALEFL 33068

City, State, and 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 608, F.S..

ent's Signature

(CONTINUED)

Page 1 of 2

The name and address of each Manager	or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
PRESIDENTA myr	DURVAL DIAS FILHO 7405 SW 1/TH CT NORTH LAUDEDALE, FL 3306
(Use attachment if necessary)	
NOTE: An additional article must b	e added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member	an authorized representative of a member.
(In accordance with sect of this document constituent that the facts stated he	or 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)
DURUAL	DIAS FILHO ed or printed name of signee

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

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)