L11000119403

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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C. LEWIS

DC+ 19 2011

EXAMINER

COVER LETTER

Ų M	TO:	Registration Section Division of Corporations		
	SUBJECT: Dann Stainting LLC 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:				
	-	Panny Castano Name of Person		
	_	Danny's Painting, C/C		
	_	P.O. Box 772371		
Ocala, Fl 34477 City/State and Zip Code				
E-mail-address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
		Name of Person at (352) 547-9588 Area Code & Daytime Telephone Number		
	Enclose	ed is a check for the following amount:		
三	\$125.00	Filing Fee \$\int_{\text{\$130.00 Filing Fee & Certificate of Status}}\$155.00 Filing Fee & \$\int_{\text{\$160.00 Filing Fee, }}\$\$ Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
		Mailing AddressStreet/Courier AddressRegistration SectionRegistration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 29, 2011

DANNY CASTANO / DANNY'S PAINTING, LLC P.O. BOX 772371 OCALA, FL 34477

SUBJECT: DANNY'S PAINTING, LLC

Ref. Number: W11000044751

We have received your document for DANNY'S PAINTING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 811A00020108

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
(Must end with the words "Limited Liabil	nting, LLC
(Must end with the words "Limited Liabil	ity Company, "LA.C.," or "LLC.")
ARTICLE II - Address:	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1024254 1515+ Place Ownnellen, Fl 34432	P.O. Box 772371 0x9/a, F1 34477
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	registered agent are:
Danny	Zs B
Name	AR CI
102425W15	
	fress (P.O. Box NOT acceptable)
Dunnellen City, Sta	FL 39432 LORDE TAILE
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)

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

FILED

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Manager

"Manager

"Manag

REQUIRED SIGNATURE:

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

(In accordance with section 608.408(3), 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

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)