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J. SAULSBERRY EXAMINER

OCT 9 2012

# **COVER LETTER**

Division of C				
SUBJECT:	IN THE MASS	TERS HANDS Liability Company	PAINTING	N T
The enclosed Articles	of Organization and fee(s) are su	bmitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
DEN	ISE DEVANEY P STHE MAS	DANTEL Tame of Person	DEVANEY	
	STHE MA	TERS HANDS	PAINTIN	Ġ
721	GWEN ST	Address		
1	ALLA HASSEE	FL. 3230 State and Zip Code	)3	
PURPL	EKERMIT480		EVANEY2436	Damail.com
For further information	n concerning this matter, please o	all:		
DANTEL E. Nam	DEVANEY e of Person	at ( <u><b>850</b></u> ) <u>213</u> — Area Code & Daytime Tele	CO18	
Enclosed is a check	for the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo	&
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	TALL AHA	Zaiz OCT

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:			
TN TITE MASTERS HANDS PAINTLYS L.L.d. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Co.	mpa	any i:	S:
Principal Office Address: Mailing Address:			
721 GWEN ST.  TALLY FL  32303  32303			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatur (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	re: ner		
The name and the Florida street address of the registered agent are:	;		1
DENISE DEVANEY Name			
Florida street address (P.O. Box NOT acceptable)			
TALLY FL 32303 City, State, and Zip			
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the provistatutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 60	mer sior wit	nt as ns of c h anc	all
Registered Agends Signature (REQUIRED)	SELOUTANO	2812 OCT -9	e car.
(CONTINUED)	;	PH Ly	
Page 1 of 2	_	-	

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	r
D"MGRM	DANTEL E. DEJANEY TAILY FL. 32303
MGRM	Denise C. Denaney  721 Gwen St.  Tally F1. 32303
· · · · · · · · · · · · · · · · · · ·	OCT -9 PH
<del></del>	TI STATE TO THE
(Use attachment if necessary)	;
ARTICLE V: Effective date, if other the late if an effective date is listed, the date if o or 90 days after the date of filing.)	nan the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior
<u>REQUIRED</u> SIGNATURE;	
A .	!

1.1.

Fignature 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.L.

Denise Devaned.
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)