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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : HARVARD BUSINESS SERVICES, INC.  
Account Number : 1290500998445  
Phone : (302)645-7400  
Fax Number : (302)645-1280

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: adrianarojas87@hotmail.com

FLORIDA LIMITED LIABILITY CO.  
4Points Import LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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June 27, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HARVARD BUSINESS SERVICES, INC

SUBJECT: 4PAINTS IMPORT LLC  
REF: W17000053436

We have received your document for 4PAINTS IMPORT LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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) 245-6052.

Carlos E Rico  
Regulatory Specialist II

FAX Aud. #: H17000168685  
Letter Number: 217A00013038

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

4Points Import LLC

(Must contain 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 Company is:

Principal Office Address:

Mailing Address:

4281 68th Ave NE  
Naples, FL 34120

4281 68th Ave NE  
Naples, FL 34120

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

(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.)

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

Adriana Rojas

Name

4281 68th Ave NE

Florida street address (P.O. Box NOT acceptable)

Naples

FL

34120

City

State

Zip

*Having been named as registered agent and to accept service of process for the above named 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 605, F.S.*

Adriana Rojas

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>AMBR</u>	<u>Adriana Rojas</u>
_____	<u>4281 68th Ave NE</u>
_____	<u>Naples, FL 34120</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

*Adriana Rojas*

**Signature of a member or an authorized representative of a member.**  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Adriana Rojas  
Typed or printed name of signer

**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)

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