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(Requestor's Name)				
(Address)				
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COVER LETTER

Division of Co				
SUBJECT:	# 1 grasso 1#	Painting ILC.		_
	(Name of Limited	d Liability Company)		
The enclosed Articles of	f Organization and fee(s) are su	abmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
Jak	het Robbes			
	(1	Name of Person)		
			₹	
	(Firm/Company)	LL C	050
12835	SF. ESTH. W	4. 65.	HAR	EC 2
		(Address)	SEE C	9 7
Caller,		2	T S	
	(City/	(State and Zip Code)	OR D	8
For further information	concerning this matter, please o	call:	⊅	
solk O todar		251 245 -C	~~(O	
(Name	of Person)	at (35) 245 - S (Area Code & Daytime Tel	lephone Number)	-
Englaced is a sheet for	or the following amount:			
	_	5 0155 00 FW F 0	C	Y
\$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filin Certificate of Stat Certified Copy (additional copy is er	tus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	s	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITÉD LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company," Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the principal	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
<u></u>	Tarket Robbs
	2434 St. 55.14 CM. W.
	S/212 1 1 1212
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.) The name and the Florida street address of the registration. Name Name Florida street address	istered agent are: All DEC 29 All DEC 29
	T 30/4/25
City, State, and	Zip
registered agent and agree to act in this capacity	certificate, I hereby accept the appointment as

d 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..

gistered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member 83. ထ (Use attachment if necessary) . (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.)

REQUIRED SIGNATURE:

gnature 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.)

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)