# W3000060804

(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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## TRANSMITTAL LETTER

то:	Registration Section Division of Corporations					
SUBJE						
	(Name of Limited Lia	bility Company)				
The enclosed Articles of Organization and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	Chris Matarese					
	(Name of Person)					
Hot Shot Painting LLC						
	(Firm/	Company)				
410 7th Street NW						
-	(Address)					
Naples, FI, 34120 (City/State and Zip Code)						
For further information concerning this matter, please call:						
.**	Chris Matareseat(	239 263-6172				
	(Name of Person)	(Area Code & Daytime Telephone Number)				

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address The mailing address and	d street address of the n	rincinal office of I		
Principal Office Addr	·	-	g Address:	ity Compa
410 7th Street N	W	410	7th Street NW	
Naples, FL 341	20	_Naple	es, FL 34120	<u></u>
		<del>-</del>		
ARTICLE III - Regist The name and the Flori				gnature:
_		registered agent a		
_	da street address of the	registered agent a		
_	da street address of the Chris Matarese	registered agent a		SECRI TALLAH
_	da street address of the  Chris Matarese  Name	registered agent a	re:	SECRE A STALLAHASSI
_	Chris Matarese Name 410 7th Street I Florida street address (P.	registered agent a  W O. Box NOT accepta  FLORIDA	re:	SECRE A SEE F
_	Chris Matarese Name 410 7th Street I Florida street address (P.	registered agent a  W O. Box NOT accepta  FLORIDA	re:	SECRE A STALLAHASSI

Page 1 of 2 (CONTINUED)

Registered Agent's Signature

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

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

<u>Title:</u>	Name and Address:				
"MGR" = Manager					
"MGRM" = Managing Member					
"MGRM"	Chris Matarese				
	410 7th Street NW				
	Naples, FL 34120				
	<u> </u>				
	n en				
(Use attachment if necessary)					
NOTE: An additional article must be	added if an effective date is requested.				
	•				
REQUIRED SIGNATURE:					
· Chin Mã	Chris Matares				
Signature of a member or an authorized representative of a member.					
(In accordance with section 608.4	(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.)				
Chris Mat	Chris Matarese				
	nted name of signee				

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)