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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Frank's Paintine 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:
Anthony Cordoba (Name of Person)
Frank's painting (Firm/Company)
219 Kent Ct T (Address)
Tallahassee FL 32305 (City/State and Zip Code)
For further information concerning this matter, please call:
at ()
(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 I - Name: The name of the Limited Liability C	Company is:		
Frank's painting	LLC		
ARTICLE II - Address: The mailing address and street addr	ress of the principal	office of the Limited Liabi	lity Company is:
Principal Office Address:		Mailing Address:	
	····	.219 Ken+ CT	
		Tallahassee FL	
		<i>32</i> 30 <i>5</i>	
219 K	Cordoba Name Kent CT eet address (P.O. Box N	ed agent are:	FEB 20 NM 9: 28

Having been named as registered agent and to accept service of process for the above stated 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 608, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Anthony Cordoba 219 Kent CT Tallabassee FL 32305	
<u> </u>		
		2.72
(Use attachment if necessary)		 , , , , , , , , , , , , , , , , ,
NOTE: An additional article m REQUIRED SIGNATURE:	ust be added if an effective date is requested.	·
Inthony	or an authorized representative of a member.	DIVISION OF CU
of this document constituent that the facts stated herei	ion 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury n are true.)	FILL DE STATE OF CORPORATION 20 AM 9: 28

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)