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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP VAIT MAIL		
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SECRLARIASSEE, FLORIDA

Maria Indiana Indiana

## TRANSMITTAL LETTER

TRANSMITTAL LETTER
TO: Registration Section Division of Corporations
SUBJECT: Mike Sirois Painting 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:
Mike Sirois (Name of Person)
Mike Sirois Painting LLC
190 Tung Hill Road
Tallahassee, FC 32317 (City/State and Zip Code)
For further information concerning this matter, please call:
Mike Sirois at (850) 509-9217  (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

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TALLAMASSE ELORIDA

ARTICLE I - Name: The name of the Limited Liability Company is:	ORDER 12
Mike Sirais Painting	, ac
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
790 Tung Hill Road	790 Tung Hill Road
Tallahassee, FC	Tallahassee, Fr
32317	32317

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Mike Sirois			
Name			
790 Tung Hill Road Florida street address (P.O. Box NOT acceptable)			
Florida street address (P.O. Box NOT acceptable)			
Tallahassee FLORIDA 32317			
City, State, and Zip			

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)

ARTICLE IV- Manager(s) or Managing Member(s):  The name and address of each Manager or Managing Member is as follows:	OL APR
Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member	一里9
Mike Sirois  790 Tung Hill Road  Tallahassee, FC 32317	経り!
(Use attachment if necessary)	
NOTE: An additional article must be added if an effective date is requested.	
REQUIRED SIGNATURE:  Willy Sirver	
Signature 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.)	
Mike Sirois Typed or printed 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)