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SECRETARY OF STATE

## TRANSMITTAL LETTER

SUBJECT: Manasota Professional Painting of Pressure Cleaning Service, LIC (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:
Zite L. Singleton (Name of Person)
Marasota Professional Painting & Pressure Cleaning Service, LIC
1270 42nd Strut- (Address)
Sarasota FL 34934 (City/State and Zip Code)
For further information concerning this matter, please call:
1/100 Presh - Rozur at (941) 812 - 2000 (Area Code & Daytime Telephone Number)

STREET ADDRESS:

TO:

Registration Section

Division of Corporations

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

TALLAHASSET, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:		
Marasota Professional Painting & Pressure Cleaning Servi	ie,	LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Con		
Principal Office Address: Mailing Address:		
1270 42 rd Street Sarasota PL 34234  Sarasota PL 34234  Sarasota PL 34234		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature	e:	
The name and the Florida street address of the registered agent are:		
Ze Ze Singleton		
) Name		
1270 42rd Street' Florida street address (P.O. Box NOT acceptable)		
Florida street address (P.O. Box NOT acceptable)		
Sarasota FL 3-1234  City, State, and Zip		
City, State, and Zip		
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my duties, and I am familiar was accept the obligations of my position as registered agent as provided for in Chapter 608, F	it as sions of ith and	all
3.2. Sindless Registered Agent's Signature	04 APR 14	SECRETAR TALLAHASS
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### ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
mar	Ze Ze Singleton 1270 42rd St Sacasota A 34234
marm	Chris Ciass Dalo SM HULE.
marm	Bradiation a 34208 Trina M. Hesha-Rozica 3420 8th Ave E
	Palmetto A 311221

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

Typed or pointed 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)

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