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TRANSMITTAL LETTER

	tegistration Section Division of Corporations					
SUBJECT: _	Do	mingo's	Painting, Plastering & Repair LLC (Name of Limited Liability Company)			
The enclosed A	rticles	of Organizatio	on and fee(s) are submitted for filing.			
		Please return	n all correspondence concerning this matter to the following:			
	Anselmo E. Aday					
(Name of Person)						
-						
			(Firm/Company)			
189 Kant Circle						
			(Address)			
			Quincy, Florida 32351			
(City/State and Zip Code)						
For further info	rmation	n concerning the	his matter, please call:			
Anselmo			at (850) 556-8051			
	(Nan	e 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 TALLAHAESEE ELORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	antic trace of manager TTC
Domingo's Painting, Pla	astering & Repair LLC
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
189 Kant Circle	189 Kant Circle
Quincy, Florida 32351	Quincy, Florida 32351

	1683 Martin Company (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984) (1984)
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re	
The name and the Florida street address of the re Anselmo E. Address Name	egistered agent are:
The name and the Florida street address of the re Anselmo E. Address of the re Name 189 Kant Circles	egistered agent are:
The name and the Florida street address of the re Anselmo E. Address Name	egistered agent are:
The name and the Florida street address of the re Anselmo E. Address Name 189 Kant Circ. Florida street address (P.O.	egistered agent are: ay le . Box NOT acceptable) FLORIDA 32351
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The name and the Florida street address of the re Anselmo E. Address Name 189 Kant Circ Florida street address (P.O. Quincy City, State, ar g been named as registered agent and to accept serv, any at the place designated in this certificate, I hereb o act in this capacity. I further agree to comply with	egistered agent are: ay le Box NOT acceptable) FLORIDA 32351 and Zip rice of process for the above stated limited liability, by accept the appointment as registered agent and a the provisions of all statutes relating to the proper
The name and the Florida street address of the re Anselmo E. Address Name 189 Kant Circle Florida street address (P.O. Quincy City, State, are given and to accept serve any at the place designated in this certificate, I hereby	egistered agent are: ay le Box NOT acceptable) FLORIDA 32351 and Zip rice of process for the above stated limited liability by accept the appointment as registered agent and the provisions of all statutes relating to the propers with and accept the obligations of my position as
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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:

Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGRM	Anselmo E. Aday		
	189 Kant Circle		
	Quincy, Florida 32351		
	•		
		 -	
		_	
		_	
(Use attachment if necessary)			
NOTE: An additional article must be	added if an effective date is requested.		
REQUIRED SIGNATURE:	, /.)		
MIN 6.1	All .		
Signature of a member or an a	uthorized representative of a member.	· 	
	.408(3), Florida Statutes, the execution affirmation under the penalties of perjury ue.)	61 NAN 10	SECRETA
Anselmo E	. ADay	19	252 457 117 128 128 128 128 128 128 128 128 128 128

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)

Typed or printed name of signee