

104000040346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

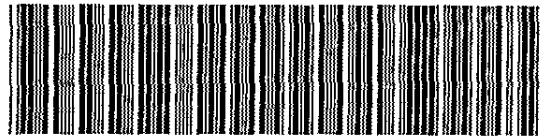
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MAY 27 21 05
TALLAHASSEE, FLORIDA

104-40346
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 19, 2004

EDWARD ORTIZ
2143 AUTUMN VIEW DR.
ORLANDO, FL 32825

SUBJECT: MID FLORIDA PAINT PROS
Ref. Number: W04000019394

We have received your document for MID FLORIDA PAINT PROS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 404A00035051

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MAY 27 8:59
TALLAHASSEE
FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

MID FLORIDA PAINT PROS L.L.C

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

5448 HOFFMAN AVE #403
Orlando FL 32812

Mailing Address:

EDWARD ORTIZ
2143 Autumn View Dr
Orlando FL 32825

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

EDWARD ORTIZ
Name

2143 Autumn View Dr
Florida street address (P.O. Box **NOT** acceptable)

Orlando FLORIDA 32825
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

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04 MAY 7 3:59
TALLAHASSEE
FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

EDWARD ORTIZ
2143 Autumn View Dr
Orlando FL 32

(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.)

EDWARD ORTIZ

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAY 27 AM 8:59

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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)