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DES DIVISION DE CONTRATIONS TALLAME THE FLORIDA

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TALLARASEEL FLORIDA

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: TOP QUALITY PAIN TING - 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:
(Name of Person)
TOP QUALITY PAINTING UC (Firm/Company)
609 SOUTH BELLAMY DR. (Address)
QUINCY, FL. 3235/ (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (850) 627-4/34 (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 Company is:	
	_

	TOP	QUALITY	PAINTING	LLC	
ARTICI	_E II - Addre	ss:			

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

Principal Office Address:

Mailing Address:

TOP QUALITY PAINTING LLC 609 SOUTH BELLAMY DR. QUINCY, FL. 3235/ TOP QUALITY PAINTING LL.
609 SOUTH BELLANT DR.
QUINCY, FL. 32351

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

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

UZIEL PAIS
Name

609 SOUTH BELLAMY DR.

Florida street address (P.O. Box NOT acceptable)

QUINCY EL 3235

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, F.S..

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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 "MGRM" = Managing Member	Name and Address:
MGRM	UZIEL PAIS 609 SOUTH BELLANY DR. QUINCY, PL 32351
(Y.Lee attackers and if a constant)	

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Signature of a manber 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 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)