## Florida Department of State

Division of Corporations Public Access System

## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H040001636143)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : HUBCO

Account Number : 104662003400

: (516)935-3940 Phone

Fax Number : (516)935-3088

VISION OF CORPORATION

## LIMITED LIABILITY COMPANY

Johnny Klean Painting LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing, News

Corporate Filings

Rublic Access Help

H04000163614

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Principal Office Address:		Mailing Address	<u>.</u>		
3460 8th Avenue N.E.		3460 8th Av	enue N.E.		
Naples, FL 34120		Naples, FL 34120			
· · · · · · · · · · · · · · · · · · ·	,				
	3		}	A Property	
ARTICLE III - Registered A The name and Florida street address		· · · · · · · · · · · · · · · · · · ·	l Agent's Sig	mature/SSEE. FL	
	3460 8th Aver	Name	<b>;</b> }	): 29 LORI	- Allen
		ail Drop Box <u>NOT</u> A	cceptzble)	_ \$	
•	Naples, FL 341	L <b>20</b>			
		ty / State / Zip)			•
Havino heen named as recistored	agent and to accept service tificate. I hereby accept the			d limited liability co ent and agree to act i and complete perfort	n this

3614

ARTICLE IV - Manage The name and address of ea	H04000163	
<u>Title;</u> "MGR"=Manager "MGRM"=Managing Men	Name and Address:	
MGR	John Hart- 3460 8th Avenue N.E.	, Naples, FL 34120
(Use attachment if necessar, REQUIRED SIGNATUR	•	
	John Wort	
(Iu a docu	mature of a member or authorized representative coordance with section 608.408(3), Florida Statute ment constitutes an affirmation under the penalties d herein are true.	es, the execution of this of perjury that the facts
	John Hart	AIIIA
	Typed or printed name of signee	-9 AM 10: 2: SSEE, FLOR