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TRANSMITTAL LETTER

TO: Registration Section		FILEU			
Division of Corporations SUBJECT: (Name of Limited)	Liability Company)	05 IMM 21 PM 1:32 C SECRETARY OF STATE TALLAHASSTE, FECSIDA			
The enclosed Articles of Organization and fee(s) are su	bmitted for filing.				
Please return all correspondence concerning this matter	to the following:				
Adrian Tul	Jame of Person)				
Tullo Paintin	im/Company)				
PMB 145, 1700 N	Mourae St, (Address)	Suite 11			
Tallahassec, F	L 3230	3			
For further information concerning this matter, please call:					
Addian (Name of Person)	at (\$50) 491 (Area Code & Daytime Tel	2403 lephone Number)			
Enclosed is a check for the following amount:					
\$125.00 Filing Fee Status \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
STREET ADDRESS:	MAILING AI	DDRESS:			

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY			
ARTICLE I - Name: The name of the Limited Liability Company is:	o= 1M 21 Pt 1: 32			
Tullo Paint	ina Landon Personale Perso			
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
750 N Lake shore Dr Tallahassee FL 32312	Adrian Tullo PMB 145 1700 N Monroe St, Suite 11 Tallahassee, FL 32303			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:				
The name and the Florida street address of the real form of the Name 750 N L C Florida street add Tallahassee City, State, a	te shove Dr liress (P.O. Box NOT acceptable) FL 32312			
liability company at the place designated in the registered agent and agree to act in this capacall statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of e performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S			

(CONTINUED)

Registered Agent's Signature

Page 1 of 2

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

<u>Title:</u> "MGR" = Manager	Name and Address:	FILEO
"MGRM" = Managing Member MGRM" = Managing Member	Adrian Vollo 1700 N Monroe Tallahassee, FL	DMB1451E 10151, 32.32 11
(Use attachment if necessary) NOTE: An additional article must be	e added if an effective date is	requested.
REQUIRED SIGNATURE:		
Signature of a member of	or an authorized representative of	a member
(In accordance with section	on 608.408(3), Florida Statutes, the e	xecution
Typec	d or printed name of signee	
Filing Fees:		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)