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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: STANCH' PAINTING L.L.C. (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)
(Name of Person)
Name of Person)  STANCHI PAINTING L.L.C.  (Firm/Company)
(Firm/Company)
4080 FORT Adams Ave (Address)
(Address)
LAbelle Pl 33935 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person)  at (239) 849 9098  (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327

Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
STANCHI PAINTING 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: Mailing Address:
STANCHI PAINTING LLC, STANCHI PAINTING LLC.  9030 FORT Adams Ave 4030 FORT Adams Ave  Labeth, F1 33935 LABETH, F1 33935

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

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

1001	unld	P	STAN	chi
· · · · · · · · · · · · · · · · · · ·		Nam	ie	
40	30	FORT	Adams	Ave.
		orida street a	ddress (P.O. B	ox NOT acceptab
Labe	the,	F1	FI. 3	3935
		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..

Donald P. Stan ohi

Registered Agent's Signature

(CONTINUED)

## 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	Name and Address:					
"MGRM" = Managing Member	- BE					
	Maria Control of the					
(Use attachment if necessary)						
NOTE: An additional article must be added if an effective date is requested.						
DESCRIPTO SIGNATURE.						

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.)

Donald P. STAnchi
Typed 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)