L05000064534

(Re	questor's Name)	
	<u> </u>	
(Ad	dress)	
(Ad	ldress)	
Ų.		
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
10000		
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	····
		İ
		}
()	Office Use On	



200056387942

06/24/05--01035--028 **130.00

SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	. -		
SUBJECT: RELIABLE 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:			
FREDERICK WATTS			
(Name of Person)			
RELIABLE PAINTING L.L.C.	=		
(Firm/Company)	 	-	
561 ANTOINETTE ST.	, 		
DEZTONA, Fr. 32725	SECKE	05 JUN	
(City/State and Zip Code)	ARY ASSE	24	g
For further information concerning this matter, please call:	of ST	PM 2: 34	
TREDERICK WATIS at (386) 789-9206 (Name of Person) (Area Code & Daytime Telephone Number		ဋ	•
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\sigma \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$160.00 Certified Copy (additional copy is enclosed)	of Status Copy	&	
STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations			

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 FLORIDA LIMITED LIABILITY COMPANY

A	R	T	ľ	\mathbf{C}	L	\mathbf{E}	I	-	N	ar	n	e	
---	---	---	---	--------------	---	--------------	---	---	---	----	---	---	--

The name of the Limited Liability Company is:

RELIABLE PAINTING LIMITED LIABILITY COMPANY

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
SGI ANTOINETTE ST. DECTONA, FLOREDA 32725	SGI ANTOINETTE ST. DELTONA FLOREDA, 32725
	red Office, & Registered Agent's Signature:
The name and the Florida street address of the	.

Name

56 (ANTOINETTE ST.

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

2770WA, FL 32725

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..

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: Title: "MGR" = Manager "MGRM" = Managing Member MGRZ TREDERICK WATTS SOL ANTOINSITE ST. DELTONA, FL. 32725 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested:

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.)

FREDERICK WATTS

Typed or printed name of signee

Filing Fees:

REQUIRED SIGNATURE:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)