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To:  
Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : ACCOUNTING & BEYOND  
Account Number : 119990000223  
Phone : (813) 998-9800  
Fax Number : (813) 935-9982

**LIMITED LIABILITY COMPANY**  
**CJ CUSTOM PAINTING, LLC**

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

L07/20/05

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

CJ CUSTOM PAINTING, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**8649 N. HIMES AVE., #219  
TAMPA, FL 33614**Mailing Address:**P.O. BOX 152824  
TAMPA, FL 33684-2824**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

CHARLES J. PADILLA

Name

8649 N. HIMES AVE., #219Florida street address (P.O. Box **NOT** acceptable)TAMPA, FL 33684-2824

FL

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)

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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:

**Title:****"MGR" = Manager****"MGRM" = Managing Member****Name and Address:**MGRCHARLES J. PADILLA8649 N. HIMES AVE., #219TAMPA, FL 33614

(Use attachment if necessary)

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

*Charles J. Padilla*  
 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.)

CHARLES J. PADILLA

Typed or printed name of signer

**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)

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