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(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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वार्षात्रक अधिक शामक अध्यापात्र



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COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Joseph Paine (Name of Limite	LLC d Liability Company)		
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.		
Please return all corres	pondence concerning this matte	er to the following:		
	Joseph Do	avid Paine Name of Person)		
	Joseph	Paine LLC Firm/Company)		
loleo		(Address)		
	tolmes Beach	F1. 34217 /State and Zip Code)		
For further information	concerning this matter, please	• /		
Joseph	Paine e of Person)	at (941) 538- (Area Code & Daytime To	1531 elephone Number)	
		•	TA'S	0,
Enclosed is a check f	or the following amount: \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, A Certificate of Status & SHOW (additional copy is enclosed)	T.
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns 🤟	9: 18

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC," or "L.C.,")
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:
101002 Holmes Blud. Holmes Beach Fl. 34217	10602 Holmes Blud. Holmes Beach Fl 34217
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another
The name and the Florida street address of the r	egistered agent are:
Joseph David	Paine Ex Si
Name	oc _
lolo02 Holmes	Blad. SE SE
	lress (P.O. Box NOT acceptable)
Holmes Beach City, State, a	Paine Blud. Iress (P.O. Box NOT acceptable) FL 34217 and Zip Policy Florid Flor
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
10	

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

The name and address of each Manager	or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
_MGR	Joseph David Paine 6602 Holmes Blud Holmes Beach Fl 34217
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be spaced to or 90 days after the date of filing.)	pecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	CT-6 AM 9: 1 ATTARY OF STATE HANGSEE, FLOR
Signature of a member of	an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated here.	n 608.408(3), Florida Statutes, the execution as an affirmation under the penalties of perjury in are true.)
<u>Joseph</u>	h Paine or printed name of signee
Filing Fees:	

ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

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