105000 109841

(Requestor's Name))
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phor	ne #)
PICK-UP WAIT	MAIL
(Business Entity Na	me)
(Document Number)
Certified Copies Certificate	es of Status
Special Instructions to Filing Officer:	

Office Use Only



700060905787

11/02/05--01013--003 **125.00

2005 NOV -2 PM H 02

65-109841

LEECTIVE WATE



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 3, 2005

MICHAEL MOYTA 419 MANSEMOND AVE LAKELAND, FL 33801

SUBJECT: BEYOND INTENSE PAINTING L.L.C.

Ref. Number: W05000049725

We have received your document for BEYOND INTENSE PAINTING L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 905A00066064

COVER LETTER

Division of Corpora				
SUBJECT: BEYOC	(Name of Limited	se Paintine I Liability Company)	3 L.L.C	
The enclosed Articles of Orga	anization and fee(s) are su	abmitted for filing.		
Please return all corresponder	nce concerning this matter	r to the following:		
Mich	ael Moyto	Name of Person)		
Beyond	Intense	Painting L. Firm/Company)	L. C	
419 Nansemond AM (Address)				
LAKELAND FI 33801 (City/State and Zip Code)				
For further information conce	erning this matter, please o	call:		
Mchoel M (Name of Per	nau 40	at (\$63) described to the Area Code & Daytime Te	-U3 (A) clephone Number)	
Enclosed is a check for the	following amount:		CREI CREI	
	\$130.00 Filing Fee & rtificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is melosed)	
Re Di	ailing Address gistration Section vision of Corporations D. Box 6327	Street/Courier Address Registration Section Division of Corporation Clifton Building	- -	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Preyond Thease Partire Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Michael MoyTA 419 HADSEMOND AVE LAKELAND FT 33801	Same
ARTICLE III - Registered Agent, Registered of The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Michael Mout Name	<u> </u>
Lakeland City, State, an Having been named as registered agent and to ac liability company at the place designated in th registered agent and agree to act in this capacity.	ess (P.O. Box NOT acceptable)
	ered agent as provided for in Chapter 608, F.S.

(CONTINUED) Page 1 of 2

	ARTICLE IV- Manager(s) or Managin The name and address of each Manager of		
	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Michael Moxta	Michael Morria 419 NAMSEMANT AVE LAKELAND FI 33801	.7 =
	·		
			. <u> </u>
	(Use attachment if necessary)	2005 W SECF TALL!	77
(If an	CLE V: Effective date, if other than the date effective date is listed, the date must be spoon days after the date of filing.)	pecific and cannot be more than five business days p	
	REQUIRED SIGNATURE:	STATE STATE	•
	Signature of a member or	an authorized representative of a member.	
		n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury	

Filing Fees:

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

that the facts stated herein are true.)

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

Typed or printed name of signee