106000015630

(Re	questor's Name)
(Ad	dress)	
(Ad	dress)	
() ia	u	
(Cit	y/State/Zip/Pho	ne #)
_	,	
☐ P(CK-UP	TIAW	MAIL
/Bu	siness Entity Na	ema)
, uu	Siliess Littly Ne	arrie)
(Do	cument Numbe	7)
į		
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	į.
3/6		FULL
Ma		FCO
		1
		1
		, 1
		ļ
<u> </u>		}

Office Use Only



02/06/06--01069--020 **155.00

06 FEB - 5 FM 3: 57

COVER LETTER

TO:	Registration Sec Division of Cor				
SUBJ	_{ECT:} A&RE	Dali Painting, LLC			
~~~		(Name of Limited	Liability Compa	ny)	
The er	nclosed Articles of	Organization and fee(s) are su	abmitted for filing		
Please	return all correspond	ondence concerning this matte	r to the following	:	
	Juan C. Ac	erbi			
		G	Name of Person)		
	A & R Dali	Painting, LLC			
		(	Firm/Company)		
	73 w. 4th 9	St.			
			(Address)		
	Atlantic Be	each, Fl 32233			
		(City,	State and Zip Code	)	
For fu	orther information	concerning this matter, please	call;		
Juar	n C. Acerbi		at ( 904 (Area Cod	626-578	6
	(Name	of Person)	(Area Cod	e & Daytime To	elephone Number)
Enclo	osed is a check fo	or the following amount:			
□ \$12	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy	у	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton E 2661 Exc	ourier Addression Section of Corporation Suilding Secutive Center 1 32301	ns Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Li	, I .				
A & R Dali Painting, LLC					
(Must end with the words "Limited I	Liability Company, "I	Limited Company" or their abbreviation "LLC," or "L.C.	<u>,"</u> )		
ARTICLE II - Address:					
	eet address of th	he principal office of the Limited Liability (	Company is:		
		F	<b>,,</b>		
Principal Office Address:	ı	Mailing Address:			
A & R Dali Painting, LLC		A & R Dali Painting, LLC			
73 w. 4th St.	· · · · · · · · · · · · · · · · · · ·	73 w. 4th St.			
Atlantic Beach, Fl 32233	<u>-</u>	Atlantic Beach, Fl 32233	<del></del>		
The name and the Florida st	treet address of	the registered agent are:	06		
Name Sergio Nodinguez					
		; · · · · · · · · · · · · · · · · · · ·	~ ~ ( )		
3044 C	alder Dr.	<del></del>			
	Florida street address (P.O. Box NOT acceptable)		, ••		
Jackson	ville, FL 32250	FL	57		
Jackson	<del></del>	FL State, and Zip	57		

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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 Mem	Name and Address:
MGRM	Juan C. Acerbi
	73 w. 4th St.
	Atlantic Beach, Fl 32233
MGRM	Sergio Rodriguez
17.0.30	3044 Calder Dr.
	Jacksonville, FL 32250
(Use attachment if necessary	<b>'</b> )
ICLE V: Effective date, if othe effective date is listed, the dat 90 days after the date of filing	r than the date of filing: (OPTIONAL)  re must be specific and cannot be more than five business days prior  )
REQUIRED SIGNATURE	
Signature o	f a member or an authorized representative of a member.
of this docu	nce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury acts stated herein are true.)
Juan C. A	<u> </u>
	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)