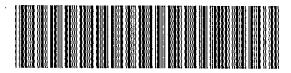
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•	(Requestor's Name)	
	(Address)	· · · · · · · · · · · · · · · · · · ·
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
•	(Document Number)	<del>.</del>
Certified Coples	Certificates of S	Status
Special Instructions	to Filing Officer:	
<u> </u>		

Office Use Only

J. BRYAN FEB 2 3 2006



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Brilliant Colors paintures Contractors (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:
Timothy Michael Hancock
(Name of Person)
Brilliant Colors pointing Continetous to 3
Krimi/Company)
15 % Marley Street
(Address)
Topul, Fl 32303 (City/State and Zip Code)
(Carrotate and Exp Code)
For further information concerning this matter, please call:
Tim Hancock 21,850 210-3503
Tim / Joan/Loc K at (850) 210-3503  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status &
- (additional copy is enclosed) Certified Copy . (additional copy is enclosed)
Mailing Address Street/Courier Address
Registration Section Registration Section Division of Corporations Division of Corporations
P.O. Box 6327 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: | Stilling | Company | Comp

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name

1546 UMN(cy Space +

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

This FL 32303

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

Title:	Name and Address:
"MGR" = Manager	77
"MGRM" = Managing Member	
MER	Tin Hankach
	15-46 VANCEY Street 00
	Tail Pl 32303
<del></del>	-
(Use attachment if necessary)	
LE V: Effective date, if other tha	in the date of filing: (OPTIONAL
	ust be specific and cannot be more than five business days
days after the date of filing.)	
REQUIRED SIGNATURE:	·
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
Lund	In Homesol
Lund	nember or an authorized representative of a member.
Signature of a m	with section 608,408(3), Florida Statutes, the execution
Signature of a m  (In accordance wo fithis document	

Page 2 of 2

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