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SECRETARY (Requestor's Name) TALLAHASSE	DE STATE
(Requestor's Name) TALLAHASSE	, FLORIUA
(Address)	30006695083
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	02/28/0601012022 ++160.00
(Document Number)	
Certified Copies Certificates of Status	
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## FILED

2006 FEB 28 . 2: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Kissimmee, Florida, Hollywood, Florida, San Juan, Puerto Rico Bogotá, Colombia Arequipa, Perú

February 22, 2006

Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

RE:

S&P PAINTING SERVICES, LLC

Dear Sir or Madame:

Enclosed please find the Articles of Organization of S&P Painting Services Limited Liability Company and \$160.00 to cover the filing fee, certificate of Status and certified copy.

Please send us all the correspondence concerning this mater to our office.

If you have any questions, do not hesitate to contact the undersigned.

Sincerely,

Alernán Cortés Rodríguez, Ésq.

**Enclosures:** 

As stated.

Copy: File(s)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the limited Liability Company is:

ZOON FEB 28 P 2: 43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S&P PAINTING SERVICES, LLC

**ARTICLE II- Address:** 

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

Principal Office Address:	Mailing Address:		
8311 Tuckahoe Ct.	8311 Tuckahoe Ct.		
Orlando FL 32829	Orlando FL 32829		

ARTICLE IV - 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

GLORIA PATIÑO
Name
640 Laura Ave.
Florida Street address
Altamonte Spring, Florida 32714
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..

Register Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

	ess of each Manager or Manager or Manager		follows: LED
<u>Title:</u> "MGR"= Manager "MGRM"=Managing M		Name and Address:	2006 FEB 28 P 2: 43 SECRETARY OF STATE TALLAHASSEE, FLORIDA
MMGR	-	GLORIA P. RAM 8311 Tuckahoe Ct ORLANDO, FL 33	*
(Use Attachment if	`necessary)		
(If an effective da	ective date, if other than the te is listed, the date must or to or 90 days after the	be specific and can	<del></del>
<u>REOUIRED</u> SIG	NATURE:	Juni .	
	Signature of a member or	an authorized represent	ative of member.
	`	iment constitutes an	Florida Statutes, the affirmation under the n are true.)
	GLORL	A PATRICIA RAMIR	EZ
	Typed o	r Printed name of sign	iee