L0600000 29638

2006 MAR 14 P 12: 59 SECRETARY OF STATE (Requestors Name) (Address) 700067707817 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL :03/14/06--01053--017 **!25.00 (Business Entity Name) (Document Number) Certified Copies __ Certificates of Status _ Special Instructions to Filing Officer:

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TO: Registration Section Division of Corporations

2006 MAR 14 P 12: 59

SUBJECT: J.T. PAINTING "LLC"

(Name of Limited Liability Company)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matte	r to the following:	
JEFFREY L. TABER		
a	Name of Person)	
J.T. PAINTING "LLC"		
	Firm/Company)	
6197 SEQOUIA DR		
	(Address)	
PORT ORANGE,FL. 32117-	0000	
(City)	State and Zip Code)	
For further information concerning this matter, please	call:	
JEFFREY L. TABER	at (386) 589-467	7
(Name of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\sum \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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59

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY _{12: 59}
ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The name of the Emitted Elaotity Company is.	AUINO
J.T. PAINTING "LLC" (Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "TIC" or "TC"
ARTICLE II - Address:	d company of their abservation back, of E.C.,
	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	J.T. PAINTING "LLC"
	6197 SEQOUIA DR
	PORT ORANGE,FL. 32117-0000
The name and the Florida street address of the real JOSEPH L . TABER	egistered agent are.
Name	
6080 SPRUCE POINT CIR	
Florida street add	ress (P.O. Box NOT acceptable)
PORT ORANGE	FL 32124
City, State, a	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	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 rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	ure (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manage	er.	Name and Address:	2006 MAR 14 F
"MGRM" = Mana			SECRETARY
"MGR"		JEFFREY L. TABER	SECRETARY OF TALLAHASSEE. F
		6197 SEQOUIA DR	
		PORT ORANGE,FL. 32117-0000	
<u> </u>			
(Use attachment is	f necessary)		
LE V: Effective d	ate, if other than the	date of filing: 02/14/2006	(OPTIONAL
LE V: Effective d	ate, if other than the	date of filing: 02/14/2006 e specific and cannot be more tha	(OPTIONAL n five business days
LE V: Effective d	ate, if other than the	date of filing: 02/14/2006 e specific and cannot be more tha	(OPTIONAL n five business days
LE V: Effective d	ate, if other than the ed, the date must be te of filing.)	date of filing: 02/14/2006 e specific and cannot be more tha	(OPTIONAL n five business days
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LE V: Effective d ffective date is list days after the da	ate, if other than the ed, the date must be te of filing.) ENATURE:	date of filing: 02/14/2006 e specific and cannot be more that	n five business days
LE V: Effective d ffective date is list days after the da	ate, if other than the ed, the date must be te of filing.) ENATURE: Signature of a member (In accordance with secondance)	er or an authorized representative of a ction 608.408(3), Florida Statutes, the exitutes an affirmation under the penalties of	n five business days member. ecution

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