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PICK-UP	☐ WAIT	MAIL
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Special Instructions to F	Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

10: Registration Section Division of Corporations	
SUBJECT: Mario C. Painting L.L.C.	
(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:	
Mario Cruz	
(Name of Person)	
Mario C. Painting L.L.C.	÷
(Firm/Company)	
1610 River Drive Apt H101	
(Address)	
Tampa, FL 33602	>
(City/State and Zip Code)	;
Tampa, FL 33602 (City/State and Zip Code) For further information concerning this matter, please call: Jennifer Coloma (Name of Person) (Area Code & Daytime Telephone Number)	
Jennifer Coloma at (813) 767-5832	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Status}\$\$ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration Section Registration Section	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u> </u>	
d Company" or their abbreviation "LLC" or "LC")	
decompany of men approviation libes, of libes,)	
incipal office of the Limited Liability Company is:	
Mailing Address:	
1610 River Drive Apt H101	
Tampa, FL 33602	
Office, & Registered Agent's Signature: ered Agent. You must designate an individual or monther egistered agent are: Press (P.O. Box NOT acceptable) FL 33615 Ind Zip	Pig P Dr.
i -	Office, & Registered Agent's Signature: ared Agent. You must designate an individual or around agent are: Personal Control of the Control of

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Mario Cruz
	1610 River Drive Apt H101
	Tampa FL 33602
	M-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1

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(Use attachment if necessary)	ASSA ASSA
CLE V: Effective date, if other than	n the date of filing:
effective date is listed, the date mu	ust be specific and cannot be more than five business days p
90 days after the date of filing.)	DA ATE
REQUIRED SIGNATURE:	

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)

Mario Cruz

Typed or printed name of signee