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(Re	questor's Name)	
(Ad	dress)	_
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Fjling Officer	-
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Reliable 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:
Matias Guerrero (Name of Person)
Reliable Painting LLC (Firm/Company)
219 KANT CT
(Address)
(Address)  Tallahassee 71 32305  (City/State and Zip Code)
For further information concerning this matter, please call:
Martine Greatero at (850) 322-5555:  (Name of Person) at (850) 322-5555:  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
ο \$125.00 Filing Fee ρ \$130.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status &

**Mailing Address** 

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

Street/Courier Address

(additional copy is enclosed)

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

Certificate of Status & Certified Copy

(additional copy is enclosed)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
Reliable Painting L (Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "I I C" or "I C"
(Musicing with the words Elimited Elability Company, Elimited	recompany of their aboreviation EEC, or EC, 7
ARTICLE II - Address:	Br.
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
219 Kent ct Tallabassec 71 32305	219 Kent ct Tallahassee 21 323 05
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Maticas Guer	
219 Kant of	
Florida street addr	ess (P.O. Box NOT acceptable)
219 Kent Ct Florida street addr Talkhassee City, State, an	FL 32305 nd Zip
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacit all statutes relating to the proper and complete	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of performance of my duties, and I am familiar with historistered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	We for
Registered Agent's Signatu	re (REOURED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR_	Matias Guerrero 219 Kent (+ tallahassec 71 32305.
<del></del>	
<u></u>	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must prior to or 90 days after the date of filing.)	ne date of filing: 161 - 15-06. (OPTIONAL) st be specific and cannot be more than five business day
REQUIRED SIGNATURE:	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Mak's GUCLUTEC

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)