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(Requestor's Name)
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(Address)
(National)
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(188,555)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
/ •
(Business Entity Name)
. (Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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COVER LETTER

Division of Corpo			
SUBJECT: JC	M Paint	ng and Lock	Smith Service
	(Name of Limite	d Liability Company)	LLC
The enclosed Articles of O	rganization and fee(s) are s	submitted for filing.	
Please return all correspond	dence concerning this matte	er to the following:	
JAIME	Cruz-Murailes		
JCM	Painting .	and Locksmit	h Service, LLC.
_		(Firm/Company)	
2458	PENNLYN I	rive	
		(Address)	
Tallah	assee, FL	32308 y/State and Zip Code)	
	(City	y/State and Zip Code)	
For further information con	ncerning this matter, please	call:	
TAIMO	Muralles	850 402	-1158
(Name of	Person)	at (<u>850</u>) <u>402</u> (Area Code & Daytime Tele	phone Number)
Enclosed is a check for t	he following amount:	,	
\$125.00 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 Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327	Clifton Building	irala
	Tallahassee, FL 32314	2661 Executive Center C Tallahassee, FL 32301	HCIC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lial	bility Company is:		
JCM PAINT (Must end with the	1N9 and ne words. "Limited Liabili	Locksmiti ty Company, "L.L.C.," or "L	h Service, LL
ARTICLE II - Address: The mailing address and street	et address of the pri	ncipal office of the L	imited Liability Company is:
Principal Office Address:	•	Mailing Address:	
2458 PENNIYN TALLAHASSEC, F	DR L 32308	1430 Pe TALLAHASS	NN/YN DR ec, FL32308
ARTICLE III - Registered (The Limited Liability Company cannot business entity with an active Florida	ot serve as its own Registe		
The name and the Florida str	eet address of the re	egistered agent are:	
	Margaret	Muralles	·
	Name		
	2458 Peni	V/4N DR ress (P.O. Box NOT acce	
	AllAhassee	FL <i>32308</i> nd Zip	_
	City, State, a	nd Zip	
liability company at the pa registered agent and agree to statutes relating to the prop	lace designated in the o act in this capacity oer and complete per	nis certificate, I hereby . I further agree to co formance of my duties	ss for the above stated limited accept the appointment as mply with the provisions of all s, and I am familiar with and ed for in Chapter 608, F.S
Reg	Masgaret 7. gistered Agent's Signatu	Muralles ire (REQUIRED)	07 JUL 27 SECRETARY TALLAHASSE
	(CONTINU Page 1 of 2		27 AMII:: ARY OF SIA ASSEE, FLO

<u>Title:</u> "MGR" = Manager "MGRM" = Managin	ng Member	Name and Address:	
marm marm	· · · · · · · · · · · · · · · · · · ·	JAIME (ruz - Mural) 2458 PENNIYN DR TAllahassee, FL 32 Margaret M. Murall 2458 PENNIYN DR TAllahassee, FL 32	308
			· · · · · · · · · · · · · · · · · · ·
(Use attachment if ne	cessary)		
FICLE V: Effective date, n effective date,	the date must be sp	te of filing: pecific and cannot be more than five b	
ΓΙCLE V: Effective date,	the date must be sp of filing.)		(OPTIONAL) usiness days p

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)

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