

L07000078313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

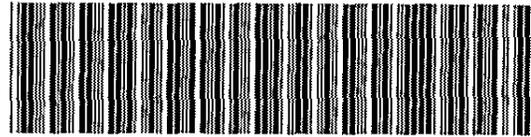
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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07/30/07--01026--014 \*\*130.00

Effective Date 07/23/2007

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
07 JUL 30 AM 10:59

T. Hampton JUL 31 2007

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Robert M. SALVADORE Painting LLC.  
(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:

Robert M. SALVADORE  
(Name of Person)

Robert M. SALVADORE Painting LLC.  
(Firm/Company)

P.O. Box 238491  
(Address)

PONT ORANGE, FL. 32123  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert M. SALVADORE at (386) 453-0214  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ρ \$125.00 Filing Fee
- ρ \$130.00 Filing Fee & Certificate of Status
- ρ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ρ \$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

Effective Date 07/23/2007

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Robert M. Salvadore Painting LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "LC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Robert M. Salvadore  
5012 S. Ridgewood APT. E  
Port Orange, FL. 32123

Robert M. SALVADORE  
P.O. Box 238491  
Port Orange, FL. 32123

ARTICLE III - 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:

Robert M. SALVADORE  
Name  
5012 S. Ridgewood AVE. APT. E  
Florida street address (P.O. Box NOT acceptable)  
Port Orange FL. 32123  
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..

[Handwritten Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

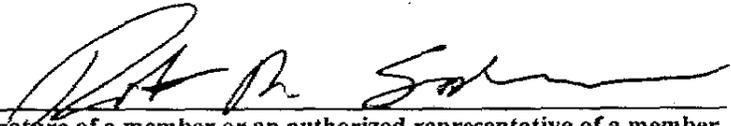
**Name and Address:**

<u>MGR</u>	<u>Robert M. SALVADORE MGR</u> <u>5012 S. Ridgewood Ave. #E</u> <u>Port Orange, FL 32123</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: July 23, 2007 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

ROBERT M. SALVADORE  
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)

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