

L07000118561

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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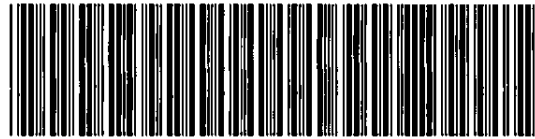
(Business Entity Name)

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DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK 12/3



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 325097 7618270

AUTHORIZATION :

COST LIMIT : \$ 25.00

FILED  
07 DEC -3 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : November 19, 2007

ORDER TIME : 12:23 PM

ORDER NO. : 325097-001

CUSTOMER NO: 7618270

DOMESTIC AMENDMENT FILING

NAME: PONO PAINTING \ FAUX FACTORY,  
LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER'S INITIALS: \_\_\_\_\_

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L07000118561  
FILED 8:00 AM  
November 28, 2007  
Sec. Of State  
nculligan

**Article I**

The name of the Limited Liability Company is:  
PONO PAINTING \ FAUX FACTORY, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
4499 HOFFMAN AVE  
SPRING HILL, FL. US 34606

The mailing address of the Limited Liability Company is:  
4499 HOFFMAN AVE  
SPRING HILL, FL. US 34606

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL. 32301

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.

Registered Agent Signature: TROY TODD

**Article V**

The name and address of managing members/managers are:

Title: MGRM  
PHILIP COPICZKO  
4499 HOFFMAN AVE  
SPRING HILL, FL. 34606 US

Signature of member or an authorized representative of a member

Signature: PHILIP COPICZKO

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