

LO800000 22949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

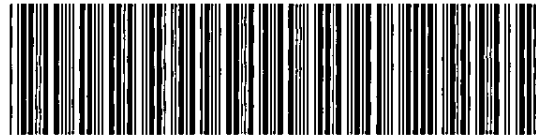
(Business Entity Name)

(Document Number)

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

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B. KOHR

MAR 5 2008

EXAMINER

**LAZARUS**  
**CORPORATE FILING SERVICE**  
**3320 SW 87<sup>TH</sup> AVENUE**  
**MIAMI, FL 33165**  
**305-552-5973**

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. THE PAINT SHUTTLE OF MIAMI LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

**Examiner's Initials**

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAY

## ARTICLE I – Name:

The name of the Limited Liability Company is:

The Paint Shuttle Of Miami LLC

## ARTICLE II – Address:

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

### Principal Office Address:

14829 SW 111 Terr., Miami, FL 33196

### Mailing Address:

12973 SW 112 St. #338, Miami, FL 33186

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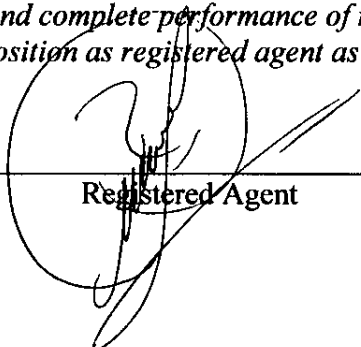
## ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Roberto de Armas

14829 SW 111 Terr., Miami, FL 33196

*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

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

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

**Title:**

**Name and Address:**

MGR

Roberto de Armas  
14829 SW 111 Terr.  
Miami, FL 33196

MGRM

Merci de Armas  
14829 SW 111 Terr  
Miami, FL 33196

**REQUIRED SIGNATURE:**



(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.)

