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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 28, 2008

LEONARDO MEDINA 112 E VILLA CAPRI CIR. APT C DELAND, FL 32724

SUBJECT: LEO'S PAINTING LLC Ref. Number: W08000026134

We have received your document for LEO'S PAINTING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II.

Letter Number: 408A00033481

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ	ECT: Leo's Painting LLC	·						
	(Name of Lim	iited Lia	ability Comp	oany)				
The en	nclosed Articles of Organization and fee(s) ar	e subm	itted for filir	ıg.				
Please	return all correspondence concerning this ma	atter to	the followin	g:				
	Leonardo Medina							
		(Nam	e of Person)				R	
	Leo,s Painting					•		
		(Firm	/Company)				····	-
	112 E Villa Capri Circle	Apt	С					
(Address)							<u>.</u>	***
	Deland,Florida 32724				AHA	YE I	E	- COLUMN
		ity/State	e and Zip Cod	le)	SSE	氢 。	· σ	
For further information concerning this matter, please call:								Ċ
Leo	nardo Medina	at (386	, 547-80	61 🖁		بد س ا	
	(Name of Person)		(Area Co	de & Daytime Tel	ephone Numi	ber)	_	
Enclo	sed is a check for the following amount:							
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status			155.00 Fili Certified Co additional co	•	\$160.00 l Certifica Certified (additional	te of St I Copy	tatus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	š	Registra Division Clifton I 2661 Ex	Courier Address tion Section to of Corporations Building tecutive Center Casee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Leo's Painting LLC (Must end with the words "Limited Liabili	Resonable Painting Services, LC
ARTICLE II - Address:	
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
112 E Villa Capri Circle Apt C	P O Box 1321
Deland,Florida 32724	Deland,Florida 32721
	As B
(The Limited Liability Company cannot serve as its own Registration.) The name and the Florida street address of the re Luis Medina	SA &
Name	Ş. α
321 Hibiscus Rd	
	ress (P.O. Box <u>NOT</u> acceptable)
Casselberry.	_{FL} 32707
City, State, a	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managi	Name and Address:	
MGR	Leonardo Medina	
**************************************	112 E Villa Capri Circle Apt C	
	Deland,Florida 32724	
	· 	
(Use attachment if ne	ecessary)	
	e, if other than the date of filing: (OPTIONAL the date must be specific and cannot be more than five business days	
to or 90 days after the date (of filing.)	
REQUIRED SIGN.	ATURE:	
	Loral Muli HALLAHA	
	mature of a member or an authorized representative of a member $\frac{\partial P}{\partial P} = \frac{\partial P}{\partial P}$	
(In of	accordance with section 608.408(3), Florida Statutes, the execution this document constitutes an affirmation under the penalties of perjury.	
t	hat the facts stated herein are true.)	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Leonardo Medina

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee