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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE SECRETARY OF STATE

M. THOMAS

OCT 28 2008

EXAMINER

To create a LLC of

Couture Coatings LLC

Mailing address 5874 ne 61st court silver springs florida 34488

Phone number 352 636-0440

Thanks

Mando Couture

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Contings 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:		
Mandoza Couture (Name of Person)		
Couture Coatings LLC (Firm/Company)		
5874 Ne 61 ST Court		
Silver Springs, Fl 34488 (City/State and Zip Code)		
For further information concerning this matter, please call:		
MandoZa Couture at (352) 636-0440 (Name of Person) (Area Code & Daytime Telephone Number)	€9 OCT	
Enclosed is a check for the following amount:	27	
Enclosed is a check for the following amount: \$\sum{125.00 Filing Fee} \times	№ 0CT 27 PM 1:33	Ü
Mailing AddressStreet/Courier AddressRegistration SectionRegistration Section		

Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Couture Coatings (Must end with the words "Limited Liabili	LLC
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
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:
S874 Ne 61st Court Silver Sprims, F134488	Sane.
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Mandoza (Couture To P
Name	
S874 Ne 615 Florida street add	ress (P.O. Box NOT acceptable)
Silver Sprie City, State, a	<u>y\$∟ 34488</u>
City, State, a	nd salp

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.

Manha Element's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Mar "MGRM" = M	nager Ianaging Member	Name and Address:		
MGRM		Mandoza Conture 5874 Ne 6157 Court Silver Springs, F1 3	V488	
			SECRETAR	69 OCT 27 PH 1:34
				-73
•	nt if necessary)		OF STATE	
CLE V: Effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.)	date of filing: Effective . (O	OF STATE OPTIONAL iness days	L)
CLE V: Effective date is 0 days after the	ve date, if other than the listed, the date must be	date of filing: <u>Effective</u> .(O	OF STATE OPTIONAL iness days	L)
CLE V: Effective of the court o	ve date, if other than the listed, the date must be date of filing.)	e specific and cannot be more than five bus	OF STATE OPTIONAL iness days	L)
CLE V: Effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.)	e specific and cannot be more than five bus	OF STATE OPTIONAL iness days	L)
CLE V: Effective effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with sec	r or an authorized representative of a member.	OF STATE OPTIONAL iness days	L)

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)