

Division of Corporations Public Access System

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Division of Corporations

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Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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FLORIDA/FOREIGN LIMITED LIABILITY CO. L. SELLERS

FANORE PAINTING CONTRACTORS, LLC

Certificate of Status	1
Certified Copy	0
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EXAMINER

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ECES

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ARTICLES OF ORGANIZATION	FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Cor	npany is:
FANORE PAINTING CONT	RACTORS, LLC
	mited Liebility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
433 SWALLOW DRIVE	433 SWALLOW DRIVE
MIAMI SPRINGS, FL 33166	MIAMI SPRINGS, FL 33166
	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the Florida street addres	s of the registered agent are:
SAMUEL	FANOR TINOCO
	Name
133 61	MALLOW DRIVE

Florida street address (P.O. Box NOT acceptable)

MIAMI SPRINGS 33166

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	SAMUEL FANOR TINOCO
	433 SWALLOW DRIVE
	MIAMI SPRINGS, FL 33166
MGRM	NELSON COSTA
	433 SWALLOW DRIVE
	MIAMI SPRINGS, FL 33166
	- 1,1

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(Use attachment if necessary)	
(Osc attachment if necessary)	
LEV: Effective date, if other than the	e date of filing: (OPTION.
fective date is listed, the date must b	e specific and cannot be more than five business da
days after the date of filing.)	
REOUIRED SIGNATURE:	
	en en
0	
C	of an authorized representative of a member.

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SAMUEL FANOR TINOCO

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEF FLORING