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JUL 10 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MR. Magic Paint for Less 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:
Signification Carrascal Name of Person
U Name of Person
Firm/Company
11375 Moonshine Creek Cir.
Address C. T. C.
ORIGINAU 71. 32825 City/State and Zip Code Junior 85_68@hotmail.com
City/State and Zip Code
City/State and Zip Code UNION 85_68@hotmail.com E-mail address: (to be used for future annual report notification)
City/State and Zip Code Unitor 85_68@Notmail.com Com Com
Sigifredo Carrascal at 407, 421.8322
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\ \text{Certified Copy (additional copy is enclosed)} \]
Mailing Address Street/Courier Address Registration Section ★ Registration Section Division of Corporations Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compar	ny is:	
MR. Magic Pain (Must end with the words "Limited	for Less LLC d Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the mailing address and street address.	the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
11375 Moonshine Creek Cir Orlando 21.32825	Some.	200
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	tered Office, & Registered Agent Registered Agent. You must designate an ind	SECULATION JUL -9 A
The name and the Florida street address of	the registered agent are:	TO A
Sigifre	do Carrascal	AMII: 05 OF STATE E. FLORIDA
11375 Moons	shine Creek Cir.	-
_	s (P.O. Box NOT acceptable)	
<u>Orlando</u>	FL 32825	
City, S	tate, 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

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

. .

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

MGRM" = Managing Member **MGRM" = Managing Member **MGRM" = Managing Member **Sigurato Carrascal. 11315 Moonshine Care Cir.** Orlando Fi. 32825 Orlando Fi. 32825	"MGR" = Mana		Name and Address:	
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:		anaging Member	Siguredo Carrascal. 11375 Moonstine Chee Cir. Orlando F1. 32826	
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:				
(Use attachment if necessary) (CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days produced by the date of filing.) 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.) Signature of a member. (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.)			منته مناها	1
Signature of a member or an authorized representative of a member. (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.) Signification Carrascal Typed or printed name of signee		t if necessary)	() ²	· ·
(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.) Signification Carrascul Typed or printed name of signee	CLE V: Effective	e date, if other than the daisted, the date must be s	specific and cannot be more than five business days p	AH 11:505
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rining reco.	CLE V: Effective effective date is li	e date, if other than the date isted, the date must be sedate of filing.) IGNATURE: Signature of a member of this document constitution that the facts stated herein	on 608.408(3), Florida Statutes, the execution are true.)	AM II : BUS

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Orlando Fl July 1, 2009

How May Consent

In this letter we verified that Sigifredo Carrascal intent to organize a LLC with the same name of a Corporation that has been inactive and has not intention to be reinstated.

Corporation Name: Mr. Magic Paint for less Inc.

Document file# P04000070888

Jesse Ramery has no intention of reinstating Mr. Magic Paint for Less Inc. The therefore, releasing the name for use to another entity.

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SESTE NAMENT SHOW OF ID

FL. ON- LICENSE # N. 500-420-57-161-0

