L09000105361

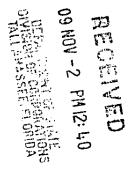
(Requestor's N	lame)
(Address)	
(Address)	
(/ lau/000)	
(City/State/Zip/	(Phone #)
PICK-UP WA	alT MAIL
,	
(Business Enti	ty Name)
(Document Nu	mher)
(Doddinone) (D	111001)
Certified Copies Certi	ficates of Status
Special Instructions to Filing Officer:	
Special modulations to 1 ming amount	
	·
	•
,	
,	

Office Use Only



800162065698

11/02/09--01003--021 **125.00



OS NOV - 2 PH 12: 47
SECATIASSEE, FLORIDA

NOV 2 2009 EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	ECT: Spectrum Painting & Hundyman Service LLC Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Marlin (Randall) Blombers Name of Person
	Spectrum Painting & Handyman Service LLC. Firm/Company
	341 Deertrail #
	Hawana Florida 32333 City/State and Zip Code
_	
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Randy Blombers at (850) 524-5225 Name of Person Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
⊒\$ 125.	00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& Certificate of Status \$\bigcup \\$155.00 Filing Fee \& Certificate of Status \& Certificate of Status \& Certified Copy (additional copy is enclosed) \$\bigcup \\$160.00 Filing Fee, Certificate of Status \& Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
Spectrum Painte (Must end with the words "Limited L	ng E Handyman Service LLC. iability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
business entity with an active Florida registration.)	AU O
	Blowberg me SEE OF TO THE TO
Haras a	FL 32333
City, Stat	e, and Zip
Having hear named as reciptored agent and	to account services of process for the above stated limited

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

FILED

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: 09 NOV -2 PM 12: 47 SEGRETARY OF STAFE TALLAHASSEE, FLORIDA Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member Martin R. Blombers (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after 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.) Martin R. Blombers
Typed or printed name of signee

Filing Fees:

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

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