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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
	(
Certified Copies	_ / Certificates	s of Status
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Special Instructions to I	Filing Officer:	
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Office Use Only



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S. HAWKES

APR 2 6 2010

EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJ	ECT: THE FIF	RE OF PAINTING LLC	ed Liability Company	and a commental time a terral folder through
		Name of Limit	ed Clability Company	
The en	iclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	oondence concerning this mat	ter to the following:	
	PEDRO V. SA	ANDELIS		
			Name of Person	
			Firm/Company	
	8105 245TH S	ST. E.		
			Address	
	ANALOSA OLT	N/51 ABID 1 0 1051		
	MYAKKA CIT	Y/FLORIDA 34251	ty/State and Zip Code	
	thofiroofooloti		y/oute and zip code	
	thefireofpainti		for future annual report notification)	
For fu	rther information	concerning this matter, please	e call:	
PEDF	RO SANDELIS	5	at (941) 356-0618	
··		of Person	Area Code & Daytime Telep	hone Number
37 .1.	. 12 1 1 6	4 6 11		
Enclos	sed is a check to	or the following amount:		/
□\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	ircle

	1.0 6
ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMBANX
ARTICLE I - Name:	23 6
The name of the Limited Liability Company is:	Sylven Control of the
The name of the Difficult Plantity Company is.	The state of the s
THE FIRE OF PAINTING LLC.	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
0405 045771 07 15	
8105 245TH ST. E. MYAKKA CITY, FL 34251	8105 245TH ST. E.
WIARON OITT, FE 34201	MYAKKA CITY, FL 34251
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist 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
PEDRO V. SANDELIS Name	
LAMINE	
8105 245TH ST. E.	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
MYAKKA CITY	FL 34251
City, Sta	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as b. I further agree to comply with the provisions of a rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608. F.S.

Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

The name and address of each N	Manager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Managing Member(s): Manager or Managing Member is as follows: Name and Address:
MGR	PEDRO V. SANDELIS
	8105 245TH ST. E.
	MYAKKA CITY, FL 34251
MGRM	LILIANA SANDELIS
	8105 245TH ST. E.
	MYAKKA CITY, FL 34251

	ADDII 00 0040
LE V: Effective date, if other tha fective date is listed, the date m	· · · · · · · · · · · · · · · · · · ·
LE V: Effective date, if other tha fective date is listed, the date in days after the date of filing.)	-
LE V: Effective date, if other that fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: Signature of a management of a m	ust be specific and cannot be more than five business d
fective date is listed, the date m days after the date of filing.) REQUIRED SIGNATURE: Signature of a m (In accordance w of this document	ust be specific and cannot be more than five business d
LE V: Effective date, if other that fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: Signature of a manufacture of this document	nember or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ted herein are true.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)