

110000073011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT -

☐ MAIL

(Business Entity Name)

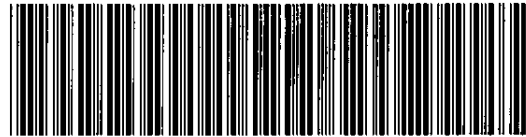
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only

EFFECTIVE DATE 7/5/10



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07/09/10--01023--014 \*\*125.00

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10 JUL -9 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 12 2010

EXAMINER

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: T.A.J PAINTING L.L.C  
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:

TODD A. BICKEL

Name of Person

T.A.J PAINTING

Firm/Company

8507 134th street

Address

seminole florida 33776

City/State and Zip Code

toddbickel@yahoo.com

E-mail address: (to be used for future annual report notification)

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10 JUL - 9 PM 2:21  
SEC. CLERK OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

todd a. bickel

Name of Person

at ( 727 )

430-3535

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

T.A.J PAINTING L.L.C

(Must end with the words "Limited Liability 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:

8507 134TH STREET  
SEMINOLE FLORIDA 33776

#### Mailing Address:

8507 134TH STREET  
SEMINOLE FLORIDA 33776

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

todd a. bickel

Name

8507 134th street

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

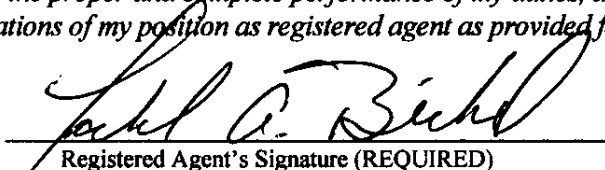
seminole

FL 33776

City, State, and Zip

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10 JUL - 9 PM 21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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

EFFECTIVE DATE 7/5/10

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

mgrm

todd a. bickel

8507 134th street

seminole florida 33776

mgrm

jafari littlejohn

15501 bruce b down

tampa florida 33647

mgrm

adam martin

15501 bruce b downs

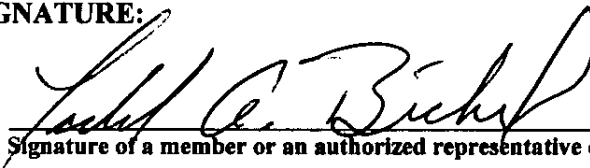
tampa florida 33647

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: july 5th 2010 (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:**



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.)

Todd A. Bickel

Typed or printed name of signee

**FILED**  
10 JUL -9 PM 2:1  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)**