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C. LEWIS AUG - 5 2010 EXAMINER

COVER LETTER

1)

TO: Registration S Division of Co	and the state of t		
SUBJECT:	Louis Br	eingan Pain	ting ZLC
	Name of Limite	ed Liability Company	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	condence concerning this matt	er to the following:	
	Louis Bro	ingan	
		ramb of rossis	
	ouis Brei	ngan Paintin	<u> </u>
		·	
	159 8th Au	e. N.E.	
		Address	
	argo Fl.	33770 //State and Zip Code	
VL	R Breinge E-mail address: (to be used for	//State and Zip Code in Q Yahoo, or future annual report notification)	Com
	concerning this matter, please		
Louis	Breingan of Person	at (727) 692 Area Code & Daytime Telep	
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	E\$130.00 Filing Fee & Certificate of Status	■\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center C	ircle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

, ,	
Louis Breingan	Painting [LC.] ted Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1159 6th Ave. N.E. Largo Fla. 33770	1159 6th Ave. N.E. Largo Fla. 33770
	ristered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
The name and the Florida street address	of the registered agent are:
Louis L	Sreingan Name
	Name SSR IT
1159 6Th.	AUE. NE
Florida s	street address (P.O. Box NOT acceptable)
Largo	FL 33770
	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 (REOURED)

(CONTINUED)

Page 1 of 2

FILED

The name and address of each Manager or Managing Member is as follows 11/8 AUG -4 Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member

(Use attachment if necessary)

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.)

5 Srcingan
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)