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Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

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SECRETARY OF STATE

B. BOSTICK
NOV 3 0 2010
EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Chave:	z Painting LLC.	
		ed Liability Company
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.
Please return all corresp	pondence concerning this mat	ter to the following:
Armando C	havez	
		Name of Person
		S
		Firm/Company
205 Marler S	St NW apt 11	,
	· · · · · · · · · · · · · · · · · · ·	Address
Fort Walton	Beach, FL 32548	
	·	y/State and Zip Code
armandochi	vas98@live.com.mx	· ·
	E-mail address: (to be used	for future annual report notification)
For further information	concerning this matter, please	e call:
Armando Chave:	Z	at (850) 543-6593
Name	of Person	Area Code & Daytime Telephone Number
Enclosed is a check f	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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Chavez Painting LLC. (Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
205 Marler St NW apt 11 Fort Walton Beach, FL 32548 armandochivas98@live.com.mex	Same
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 re	egistered agent are:
ARMAN OO Name	CHAVEZ ST NW Apt FLAHES (P.O. Box NOT acceptable) MFL 32548 April 10 NOV 29 PH 3: 44
205 MARIER Florida street add	ST NW Apt The Bross (P.O. Box NOT acceptable)
Fort Walton Beau City, Ste	hess (1.0. Box NOT acceptance) NFL 32548 ORDER AT 45 O
Having been named as registered agent and to a	accept service 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

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	ì
MORW — Managing Member	
MGR	Armando Chavez
	205 Marler St NW Apt 11
	Fort Walton Beach, FL 32548
MGRM	Ana Isabel Mireles
	205 Marier St NW apt 11
	Fort Walton Beach, FL 32548
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(Use attachment if necessary)	10 NO SECRE FALLAHA
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LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a mem	be specific and cannot be more than five business days prior ORDER Depart an authorized representative of a member.
LE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a me	be specific and cannot be more than five business days prio

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)