# L10000128983

(F	Requestor's Name)	
(A	Address)	
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(0	City/State/Zip/Phone #)	<del>-</del>
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	•
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(L	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	
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SECRETARY OF CORPORATION

N. Cuffigen DEC 1 7 2010

## COVER LETTER

ro:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
Γhe en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Approximation Jason Johnson Name of Person
	Firm/Company
	20 3828 5th Ave NE
	Bradenton PL 34208
	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:
4	Min Shaw at (941) 234-9705  Name of Person Area Code & Daytime Telephone Number
	Name of Person Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
125.00	Filing Fee \$\int_{\$130.00}\$ Filing Fee & \$\int_{\$155.00}\$ Filing Fee & \$\int_{\$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 Control of Executive Center Circle Tallahassee, FL 32301 Control of Corporations Clifton Building Tallahassee, FL 32314 Control of Corporations Clifton Building Tallahassee, FL 32301 Control of Corporations Clifton Building Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

### Johnson's Precision Painting, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

**Mailing Address:** 

3828 54 Aug. DE	3828 5th Ave NE
Scade Abon Fe 34208	Bradenton FL 34208
	ed Office, & Registered Agent's Signature:

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

Second Street address (P.O. Box NOT acceptable Braden Street Address and Street Address Street A

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..

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Page 1 of 2

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
mc R	Josep Johnson 3828 5th Aug NE Bradunton Fr 34208
<del>.</del>	
(Use attachment if necessary)	
fective date is listed, the date must l	e date of filing: (OPTIONAL be specific and cannot be more than five business days
fective date is listed, the date must l days after the date of filing.)	be specific and cannot be more than five business days
ffective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	