

L110000018137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400191298384

Effective Date 01/12/11

01/18/11--01014--025 **125.00

FILED
11 JAN 18 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W11-3394

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **M&S Faux Finishes, LLC**

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:

Marcos Cuellar

Name of Person

M&S Faux Finishes, LLC

Firm/Company

5762 Elizabeth Ann Way

Address

Ft Myers, FL 33912

City/State and Zip Code

mcuellar68@msn.com

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

For further information concerning this matter, please call:

Marcos

at (**239**)

913-7579

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$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
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

FILED
11 JAN 18 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2011

MARCOS CUELLAR
M&S FAUX FINISHES, LLC
5762 ELIZABETH ANN WAY
FT MYERS, FL 33912

SUBJECT: M&S FAUX FINISHES, LLC
Ref. Number: W11000003394

FILED
11 JAN 18 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for M&S FAUX FINISHES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #P05000115684, M & S FAUX FINISHES, INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 611A00001574

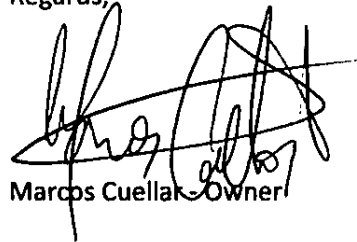
2/5/2011

Florida Department of State – Divisions of Corporations: Letter # 611A00001574

To whom it may Concern:

I would like to dissolve the following inc, M&S Faux Finishes, INC # P05000115684. We are re-organizing to M&S Faux Finishes, LLC ref # W11000003394.

Regards,

A handwritten signature in black ink, appearing to read 'Marcos Cuellar', with a large, stylized flourish extending from the end of the signature.

Marcos Cuellar - Owner

FILED
11 JAN 18 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

M&S Faux Finishes, LLC

(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:

5762 Elizabeth Ann Way
Ft Myers, FL 33912

Mailing Address:

P.O. Box 1591
Bonita Springs, FL 34135

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.)

Effective Date 01/12/11

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

Marcos Cuellar

Name

5762 Elizabeth Ann Way

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

Ft Myers

FL 33912

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 (REQUIRED)

(CONTINUED)

FILED
11 JAN 18 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Marcos Cuellar - MGRM

5762 Elizabeth Ann Way
Ft Myers, FL
33912

Stacey Kay - MGRM

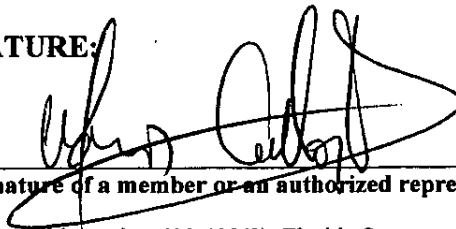
5762 Elizabeth Ann Way
Ft Myers, FL
33912

FILED
11 JAN 18 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/12/2011. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Marcos Cuellar

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)