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OCPARTHERT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

RECEIVED

SECRETARY OF STATE CORPORATIONS

T. HAMPTON MAR 1 1 2011 EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: A & D - PAINTING LAC 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:
Anthony D. 5A55 Name of Person
Firm/Company
UEAR ENGLICH
4805 EASY ST Address
TACCAMSSEEFCA 32303 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TAW15 5A55 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee L\$130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
4805 CASY ST	4805 EASYS#
ThALLSSER FLA	
3 23 <i>0</i> 3	

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:

ANTHONY SASS 4805 EASV 5+
Florida street address (P.O. Box NOT acceptable) ALL Ahasseefl 32303
City. State and 7 in

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..

(CONTINUED)

Page 1 of 2



<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	ANTHONY SASS 4805 CASY ST TALLAHASSEE FLA 32303
······································	
(Use attachment if necessary)	

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

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)