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**EXAMINER** 

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations
SUBJECT: Reyes Quality Painting 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:
Juan A. Reves Jr.
Firm/Company
3205 Del Rio Terrace
Toulonassee FL 32312 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Juan A. Reyes Jr. at (850) 745-1399  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$155.00 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 Corporations Corporations Corporations P.O. Box 6327 Tallahassee, FL 32314 Corporations C

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:					
J Royos Qual (Must end with the	words "Limited Liability	fy Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street	address of the pri	ncipal office of the Limited L	iability Company is:		
Principal Office Address:		Mailing Address:			
3205 Del Rioter Tallahassee, FL	17960 32312	3205 Del Ri Tallahassee	B. 3035		
ARTICLE III - Registered A (The Limited Liability Company cannot business entity with an active Florida re	serve as its own Registe				
The name and the Florida street address of the registered agent are:					
Juan A. Reyes Jr					
3205 Del Rio Terroce Florida street address (P.O. Box NOT acceptable)					
Tallahassee FL 32312 City, State, and Zip					
liability company at the pla registered agent and agree to statutes relating to the propa	ace designated in t act in this capacity er and complete pe	accept service of process for the his certificate, I hereby accept w. I further agree to comply with formance of my duties, and I stered agent as provided for in	the appointment as ith the provisions of all antfamilian with and		
Regi	stered Agent's Signat	ur (REQUIRED)			
	(CONTIN	UED)	<b>2 2</b>		

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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: \_. (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 tepresentative 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.)

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)