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(Requestor's Name)
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SECRETARY OF STATE
AND APPLICATIONS

B. BOSTICK

APR 27 2011

EXAMINER

TO: Registration of	on Section Corporations	•	
SUBJECT: Flor	es Painting, LLC.		
		ted Liability Company	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all cor	respondence concerning this mat	ter to the following:	
Joel Da	aniel Flores Osorio		
		Name of Person	
Flores	Painting, LLC.		
		Firm/Company	
115 Aq	uamarine Ave.		
		Address	TI- SEC ALL
Pensaco	la, FL 32505		APR APR
		y/State and Zip Code	SS 25 7
joel_osor	io@att.net		ms = m
For further informat	ion concerning this matter, please	for future annual report notification e call:	9: 1 ORI
Joel Daniel Fl	ores Osorio	at (850) 252-598	
Na	me of Person	Area Code & Daytime T	
Enclosed is a check	k 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 Addre Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, El. 2220	ons er Circle

ARTICLE I - Name: The name of the Limited Liability Company is: Flores Painting, 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: Mailing Address: Mailing Address: 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.)

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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

MGR	Joel Daniel Flores Osorio	
	115 Aquamarine Ave.	
	Pensacola, FL 32505	
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		9: 13 07:17 07:17 07:17 07:17
(Use attachment if necessary)		
LE V: Effective date, if other than th	ne date of filing: May 1, 2011	(OPTION
fective date is listed, the date must days after the date of filing.)	be specific and cannot be more than	n five business da

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.)

Joel Daniel Flores Osorio

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)