L 11000054087

(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:		

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SECRETARY OF STATE

B. KOHR

MAY - 9 2011

EXAMINER

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 18, 2011

ANNA STATHES 400 N.E. 20TH STREET, 302-B BOCA RATON, FL 33431

SUBJECT: A & P PAINTING LLC Ref. Number: W11000021470

We have received your document for A & P PAINTING LLC and your check(s) totaling \$160.00. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

The existing entity with the similar name is A & P PAINTING, INC. -- Document Number P06000129924.

Please note that we are RETAINING your \$160.00 payment.

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) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 011A00009281

COVER LETTER

TO: Registration Section Division of Corporations Pointers		
SUBJECT: A R P B L L C 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: A A A A A A A A A A A A A A A A A A A		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Name of Person PAINTES Firm/Company		
400 NE 20th Street 302B		
BOCA RATON FL 33431 City/State and Zip Code A Stather 85 O Yahoo. Com Brigal address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Anna Stathes at (561) 36 4236 Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount: S125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy} \text{(additional copy is enclosed)} \text{Certified Copy} \text{(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:

Pg:ntc/S		
A &P Reintons	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:	Iailing Address:	
400 NE 20th ST 302B BOCG ROLLO FL	400 NE 20th St 3029 Baca Ration Fl	
33431	33431	
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 regis	stered agent are:	
Anna Stat	HAY -6	
YOU NE 20 ^{+L} Florida street address	$\frac{S + 3028}{\text{(P.O. Box NOT acceptable)}} \stackrel{\text{A}}{=} \frac{\text{ROB}}{\text{Possible}}$	
Boca Raton FI City, State, a	. 33433 E E	
Having been named as no interest and a second as	and annuing of annual for the above adverted limited	

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)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "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 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.) 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)