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Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

J. SAULSBERRY EXAMINER AUG 25 2011

# **COVER LETTER**

TO:	Registration of	on Section Corporations			
SUBJE	cct: Alv	arado's Painting L			
		Name of Limited L	iability Company		
The end	closed Article	es of Organization and fee(s) are sub	nitted for filing.		
Please t	return all corr	respondence concerning this matter to	o the following:		
	Sandr	o Alvarado			
-	<u> Cariai</u>		me of Person		
	Alvara	do's Painting LLC			
-	,	Fir	m/Company		desire delle
	10584	Lake Shore Dr.			
-		The second secon	Address	TAL S	
Ì	<b>Nelling</b>	ton /FL/ 33414		ECRE LAH	
9	S alvara	City/Sta ado91@hotmail.com	ate and Zip Code	IARY ASSE	3 =
	<u>o_aivaii</u>	E-mail address: (to be used for fu	ture annual report notification)	7 S	n
For furt	her informati	ion concerning this matter, please cal	1:	8: 08 STATE ORIDA	
Mon	ica Zam	brano at	( <b>561</b> ) 638-7577		
	Na	me of Person	Area Code & Daytime Tele	phone Number	
Enclose	ed is a checl	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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301		

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
Alvarado's 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 prince	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	10584 Lake Shore Dr. Wellington, FL 33414
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)  The name and the Florida street address of the registered	d Agent. You must designate an individual or another
Sandro Alvarado	istered agent are:  LLAHASSE
10584 Lake Sho	
	ore Dr.  is (P.O. Box NOT acceptable)  FL  ORD  ORD  ORD  ORD  ORD  ORD  ORD  OR
Wellington, FL 33414 <sub>F</sub>	N
City, State,	and Zip
Having been named as registered agent and to acc liability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete perfo accept the obligations of my position as register	certificate, I hereby accept the appointment as I further agree to comply with the provisions of all ormance of my duties, and I am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

uon.		SECF TALL!
MGR	Sandro Alvarado	CRETARY AHASSI
	10584 Lake Shore Dr.	<u>X</u> ≥
	Wellington, FL 33414	<del></del>
MGRM	Monica Zambrano	OF S
	10584 Lake Shore Dr.	<u> </u>
	Wellington, FL 33414	<del></del> 8
(Use attachment if necessary)		RETARY OF STATE
	e date of filing:	. (OPTION

REQUIRED SIGNATURE:

Signature of a member of 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.)

## Sandro Alvarado C.

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)