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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ac	ddress)	
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PICK-UP	MAIT	MAIL
(Bı	usiness Entity Nam	ne)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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EXAMINERS

2 FE# 20 PM 1:4

COVER LETTER

TO: Registration of Division of	on Section f.Corporations		
SUBJECT:	VIP Painting LLC	<u>*</u>	
SUBJECT:	Name of Limited L	iability Company	
The enclosed Articl	es of Organization and fee(s) are subr	mitted for filing	
	respondence concerning this matter to	-	
	-	_	
	Jaime A. Quice.	ne of Person	
	VIP Painting L	·LC.	
<u> </u>	24 Old Saint Augu	stine Rd. A.pt	. /03
		71441935	
	Tallahassee, FLa City/Sta Tguiceno 200 8 Germail address: (to be used for fi	rida, 32311	
	City/Sta	ate and Zip Code	_
	F-mail address: (to be used for fi	uture annual report notification)	
For further informa	tion concerning this matter, please cal		
	Oviceno Henao at		97
N	ame of Person	Area Code & Daytime Tele	ephone Number
Enclosed is a chec	ck 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	3-6-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	•
VIP Part Hy LLC (Must end with the words "Limited Liability Com	
(Must end with the words "Limited Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	l office of the Limited Liability Company is:
· · · · · · · · · · · · · · · · · · ·	ling Address:
3424 old Saint Augustine Rd 34 Apt. 103 Tollahairee - FL-32311	24 old Saint Augustine Rd of-103 Callahassee-FL-32311
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own Registered Agents) business entity with an active Florida registration.)	e, & Registered Agent's Signature: ent. You must designate an individual or another
The name and the Florida street address of the register	7
Jaime A. Ovicena	Henao
Name	igustino Rd Apt-103
Having been named as registered agent and to accept liability company at the place designated in this ce registered agent and agree to act in this capacity. I further statutes relating to the proper and complete perform accept the obligations of my position as registered	rtificate, I hereby accept the appointment as rther agree to comply with the provisions of all ance of my duties, and I am familiar with and
Registered Agent's Signature (R	 >= 7
(CONTINUED)	
Page 1 of 2	FLORID.

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

nd Address:
Me A. Dviceus Henas 4 old forgt Augustino Rd Ap Laharree FL 032311
,
d cannot be more than five business days
au J.
a Statutes, the execution of this document of perjury that the facts stated herein are true. ed in a document to the Department of State or in s.817.155, F.S.)
name of signee
manne of signee 200
name of signee
eu