## 1200000472

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(Business Entity Name)
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# COVER LETTER

TO: Registration Section

Division of Corporations
SUBJECT: EXQUISITE 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:
ASTON BROWN  Name of Person
Name of Person
EXQUISITE PAINTING, LLC
Firm/Company
3505 BREEZEWOOD DRIVE
Address
TAMPA, FL., 33619
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ASTON BROWN at ( 813 ) 679-2212
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee \$\sum \$\sum \$\sum \$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
the state of the s

	FOR FLORIDA LIMITED LIABILITY COMPAN
ARTICLE I - Name:	•
The name of the Limited Liability Con	npany is:
EXQUISITE PAINTING,	LLC
(Must end with the words "Lin	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	•
	of the principal office of the Limited Liability Compan
Principal Office Address:	Mailing Address:
3505 BREEZEWOOD DRIVE	3505 BREEZEWOOD DRIVE
TAMPA, FL., 33619	TAMPA, FL., 33619
ARTICLE III - Registered Agent De	egistered 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.)	

is:

The name and the Florida street address of the registered agent are:

**ASTON BROWN** 

Name

### 3505 BREEZEWOOD DRIVE

Florida street address (P.O. Box NOT acceptable)

**TAMPA** 

FL 33619 City, State, and Zip

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)

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:

"MGD" - Managar	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	ASTON BROWN 3505 BREEZEWOOD DRIVE TAMPA, FL., 33619
(Use attachment if necessary)	
CLE V: Effective date, if other than	the date of filing: (OPTIONAl st be specific and cannot be more than five business days
CLE V: Effective date, if other than effective date is listed, the date mus	the date of filing: (OPTIONAl st be specific and cannot be more than five business days
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	st be specific and cannot be more than five business days
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Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)