## L12000100348

(Requestor's Name)
- 19 Welling case Palm Coast, FC 32164
(Address)
(City/State/Zip/Phone #)
: PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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07/25/12--01004--008 \*\*160.00

2012 AUG -2 AM '9: 42 Secretary of State.

J. SAULSBERRY EXAMINER

AUG 3 2012

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DVACTCS Painting LL 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:
HERMINIO G. DAKTE
DuAlte's Painling, LLC.
19 Welling Lane
Palm Coast FC 32164
Sherry NS 19 (30 AoL. Com  E-thail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  HELMINO B. DURLE at 386 93/-1970  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \times \text{Certified Copy} \text{(additional copy is enclosed)} \text{\$\$160.00 Filing Fee, Certified Copy} \text{(additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 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:	
Durete's Painting	LLC
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
19 Welling Cane 19/11/COAST, FL 32/64	19 Welling Case Palm Clast, FC 32144
Kalm Coast	red Agent. You must designate an individuator another

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)

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe  MGR	HERMINIO B. DAKTE 19 WEITING, CASE FAIM COOST, FC 32164
	2012 A
	EJARY OF STA
(Hearth and 16 mans)	37 68
(Use attachment if necessary)	
CLE V: Effective date, if other the effective date is listed, the date in 90 days after the date of filing.)	nan the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days
CLE V: Effective date, if other the effective date is listed, the date is	
ICLE V: Effective date, if other the effective date is listed, the date in 90 days after the date of filing.)  REQUIRED SIGNATURE:	

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)

I have to intention of Reinstating the dissolved Corporation of Diarte's fainting Company & wish to use a like name for my New LLC which Shall be Duarte's Painting, LLC,

Surcerely, Herminio B. Durete

FILED
2012 AUG -2 AM 9: 42
SECRETARY OF STATE