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## **COVER LETTER**

Division of Corpor		
SUBJECT: TONY	's Painting & Maintenance Ll Name of Limited Liability Company	<u>_</u> C
The enclosed Articles of Org	ganization and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Untunio Silva Name of Person	
Tonys	Painting Maintenance C	<u>LC</u>
21301	G Punuma City Bch	PKWY
Panam	1a Cty KL 72413  City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
Antonio Name of Pe	erning this matter, please call:  Silva at (850) 259-5340  Area Code & Daytime Telephone Number	
Enclosed is a check for the \$125.00 Filing Fee \$1		Status &
Ri D P.	failing AddressStreet/Courier Addressegistration SectionRegistration Sectionvivision of CorporationsDivision of Corporations.O. Box 6327Clifton Buildingallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Tonys Painting + Mantenance 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: Mailing Address:
BCN PKWY P.C FC 32413
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 registered agent are:
2+30+ G Panama Cets antonio Silva
Florida street address (P.O. Box NOT acceptable)
Panama CTX FL 32413 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  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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Antonio Silva 21301 Co Panama City Bich 1 Panama City KC 32413
<del></del>	
(Use attachment if necessary)	
LE V: Effective date, if other than the	date of filing: (OPTIONAL) e specific and cannot be more than five business days

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)