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J. SAULSBERRY EXAMINER NOV 14 2012

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Business Colorful	
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:	
Nicholas Arata	
Name of Person	
Business Colorful	
Firm/Company	,
1713 sw 17th st	281
Address	*
Ft. Lauderdale FL 33312	<u> </u>
City/State and Zip Code City/State and Zip Code	NOV 13 AM E 22
E-mail address: (to be used for future annual report notification)	<u> </u>
For further information concerning this matter, please call:	10
Nicholas Arata (954) 2320256	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee Certified Copy (additional copy is enclosed)	atus &

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 Circle Tallahassee, FL 32301

1 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ility Company, "L.L.C.," or "LLC.")
rincipal office of the Limited Liability Company is
Mailing Address:
Maning Madress.
1713 sw 17th st
Ft. Lauderdale FL 33312

Nichotas Arata			
Name	٠	<u> </u>	25 25
1713 sw 17th st		3.7	NO.
Florida street address (P.O. Box NOT acceptable)		<i>€</i> 3 - 2	<u></u>
Ft. Lauderdale FL 33312 FL		<u></u>	
City, State, and Zip		70	
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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:

MGR	Nichalas Arata
WGR	Nicholas Arata 1713 sw 17th st
	Ft. Lauderdale FL 33312
	TALL AH
•	
	D
(Use attachment if necessary)	
CLE V: Effective date, if other than the	ne date of filing: (OPTIONAL)
effective date is listed, the date mus	ne date of filing: (OPTIONAL st be specific and cannot be more than five business
effective date is listed, the date mus	st be specific and cannot be more than five business
effective date is listed, the date musto or 90 days after the date of filing.)	st be specific and cannot be more than five business
CLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five business

Nicholas Arata

Typed or printed name of signee

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

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)