## L13000011578

(Re	questor's Name)	
(Ad	dress)	·
(Ad	dress)	
(Ĉit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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SCORETARY OF STATE

IJAN 23 2013

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(850) 245-6051.

## **COVER LETTER**

TO:	Registration Division of C					
	141	Paint LLC.				
SUBJE	ECT:		ed Liability Comp	oany		
The en	closed Articles	of Organization and fee(s) are s	submitted for filir	ıσ		
		spondence concerning this matt				
		Grossman		<b>D</b>		
			Name of Person			
	141 Pa	int LLC.				
			Firm/Company			
13645 Deering Bay DR #113						
			Address			
	Coral (	Gables, FL, 33	158			
	A A A		y/State and Zip Co	de		
	141pain	ting@gmail.cor		port notification)		
For fur	ther information	n concerning this matter, please	call:	,		
_		rossman	561	50455	520 sa	
		e of Person	_ at (	de & Daytime Tele		
					AR AR	
Enclos	sed is a check	for the following amount:			4.RY 6.SE	A ABOUT TO
□\$125.	.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fil Certified C (additional co	_	1 \$160.00 Filing cree, Certificate of Status Certified Copy (additional copy (senclosed)	G
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registr Divisio Clifton 2661 E	Courier Address ation Section n of Corporations Building xecutive Center ( assec, FL 32301	s	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

141 Paint LLC.	Mane and mich shammals of in-	nited Liability Company, "L.L.C.," or "LLC.")	_
	(Must end with the words 'Lim	inted Liabinty Company, E.E.C., or EEC.	
ARTICLE II			
The mailing a	ddress and street address	of the principal office of the Limited Liability	Company is:
Principal Office Address:		Mailing Address:	
13645 Deering	Bay DR #113	9066 SW 73rd Ct Apt 407	•
Coral Gables, FL 33158		Miami FL, 33156	<del>_</del>
			<del>_</del>
(The Limited Liabi	ility Company cannot serve as its	egistered Office, & Registered Agent's Signa own Registered Agent. You must designate an individual or a	ature: mother
(The Limited Liabi business entity w	ility Company cannot serve as its its its its an active Florida registration.)  the Florida street address	own Registered Agent. You must designate an individual or a	ature: mother
(The Limited Liabi business entity w	ility Company cannot serve as its its its an active Florida registration.)	own Registered Agent. You must designate an individual or a	mother
(The Limited Liabi business entity w	ility Company cannot serve as its its its its an active Florida registration.)  the Florida street address	own Registered Agent. You must designate an individual or a softhe registered agent are:  Name	mother
(The Limited Liabi business entity w	ility Company cannot serve as its its its an active Florida registration.)  the Florida street address  Joseph Grossman  9066 SW 73rd Ct Apt	own Registered Agent. You must designate an individual or a softhe registered agent are:  Name	mother
(The Limited Liabi business entity w	ility Company cannot serve as its its its an active Florida registration.)  the Florida street address  Joseph Grossman  9066 SW 73rd Ct Apt	own Registered Agent. You must designate an individual or a soft the registered agent are:  Name  1 407  1 street address (P.O. Box NOT acceptable)  33156	SECKETARY O
(The Limited Liabi business entity w	ility Company cannot serve as its ith an active Florida registration.)  the Florida street address  Joseph Grossman  9066 SW 73rd Ct Apt Florida	own Registered Agent. You must designate an individual or a soft the registered agent are:  Name  t 407 a street address (P.O. Box NOT acceptable)  FL 33156  City, State, and Zip	2013 JAN 22 SECKETARY

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	•
"MGRM" = Managing Mer	nber
MGMR	Joseph Grossman
	13645 Deering Bay DR #113
	Coral Gables, FL 33158
MGMR	Max Rosen
	15 Patricia DR
	New City, NY 10956
MGMR	Harry Kaklamanakis
	21222 Falls Ridge Way
ı	Boca Raton, FL 33428
	and the second s
(Use attachment if necessar	y)
ARTICLE V: Effective date, if oth	ner than the date of filing: (OPTIONAL)
	date must be specific and cannot be more than five business days
prior to or 90 days after the date of	of filing.)
	20 <i>و</i> جياران
	E:
<u>REQUIRED</u> SIGNATUR	E:
	22 SSE
Signature	of a member or an authorized representative of a member.
constitutes an affirm I am aware that any	n section 608.408(3), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true. If y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)
Joseph (	Grossman
	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)