

L1300000 98646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



200249476552

Effective Date 7-1-13

07/10/13--01015--006 **130.00

DEPT OF STATE
TALLAHASSEE FLORIDA

2013 JUL -8 AM 9:50

J. SAULSBERRY
EXAMINER

JUL 11 2013

(850) 245-6051

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Master Painting Finish
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:

O'Brian Frazer

Name of Person

Master Painting Finish

Firm/Company

8725 Forest Hills Blvd

Address

Coral Springs FL 33065

City/State and Zip Code

MasterPaintingFinish@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

O'Brian Frazer

Name of Person

at (754) 246-7693

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: Master Painting Finish

The name of the Limited Liability Company is:

Master Painting Finish 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:

8725 Forest Hills Blvd
Coral Spring FL 33065

8725 Forest Hills Blvd
Coral Spring FL 33065

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:

OBRIAN FRAZER

Name

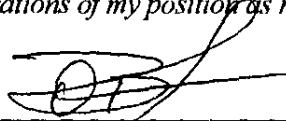
8725 Forest Hills Blvd

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

Coral Spring FL 33065

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)

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STATE OF FLORIDA
CLERK OF THE COURT

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

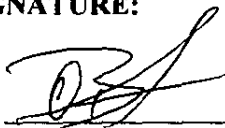
MGR

O'BRIAN FRAZER
8425 FOREST HILLS BLVD
CORAL SPRINGS FL 33065

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JULY 15/13 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

O'BRIAN FRAZER

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)

2013 JUL -8 AM 9:50
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32399-0001

FILED