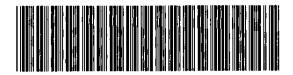
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2018 SEP TO JE 11: 58

13 SEP 10 PH 12: 04

B. BOSTICK
SEP 1 0 2013
EXAMINER

## **COVER LETTER**

	istration Section ision of Corporations	
SUBJECT:	S + T PAINTING, LLC  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:	
H	Inthony .T. Tynes	
	Inthony .T. Tynes Name of Person  Strpainting	
	2555 Ting Leaf Rid EB S	T
	TOLL FLO STORES	
	City/State and Zip Code  E-mail address: (to be used for future annual report notitication)	ŧ
For further in		•
Anti	hony. T. Jules at (850) 294.5866 Call-  Name of Person Area Code & Daytime Telephone Number	#
Enolosed is	a check for the following amount:	
<b>4</b> \$125.00 Fi	iling Fee U\$130.00 Filing Fee & U\$155.00 Filing Fee & U\$160.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

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:	
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:	
2555 Tiny Leaf And 2555 Tiny Leaf R.d	
Tallahassee fl 32305 Tallahassee Fl 32305	÷
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:  An-hony 7. Times  Name	を必ら
Name  2555 TINY LEAF RICE  Florida street address (P.O. Box NOT acceptable)	
TALL +/9 = 32305	

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MO RINI	2855 Tiny Lagt Rid
	13 SE
· · · · · · · · · · · · · · · · · · ·	10000000000000000000000000000000000000
(Use attachment if necessary)	PH 12: 04
LE V: Effective date, if other than the	e date of filing: (OPTIONAL)  It be specific and cannot be more than five business days

**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.)

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)