(Re	equestor's Name)	
(Ad	Idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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JUN 2 5 2014 J. BRUCL

## **COVER LETTER**

TO:	Registration Division of	n Section Corporations				
SUBJE	CT: Tints R	LUs Name of Li	mited Liability Company	<del> </del>		
The end	closed Articles	of Organization and fee(s)	are submitted for filing.			
Please	eturn all corre	spondence concerning this r	matter to the following:			
	Daniel E	llis	N CD			
			Name of Person			
	Tints R I	Js	Firm/Company			
	<u>17930 n</u>	w 13th st				
			Address			
	<u>Pembrol</u>	ce Pines/FL/33029	City/State and Zip Code	<u> </u>		
_tin	tsrus8@ama	il.com		<u> </u>		
		E-mail address: (to be use	ed for future annual report notifica	ation) (Degree	7812	
For furt	her informatic	on concerning this matter, ple	ease call:		2014 JUN 23	Employ S
Daniel	Filis	at (	954 ) 3035132	SS EN	ည်	
<u> </u>		me of Person		lephone Number	PH 12:	
Enclose	d is a check fo	or the following amount:		音音	28	dipar-
□ \$125.00	) Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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

The name of the Limited	Liability Company is:	
Tints R Us LLC.		
(Mı	ust end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address		
		al office of the Limited Liability Company is:
Principal Office Addres	ss:	Mailing Address:
17930 NW 13th St Per	mbroke Pines FL	17930 NW 13th St Pembroke Pines FL
ARTICLE III - Registe The Limited Liability Co	ompany cannot serve as its o	ce, & Registered Agent's Signature: own Registered Agent. You must designate an individual or ation.)
ARTICLE III - Register The Limited Liability Control another business entity when the floridate	ompany cannot serve as its owith an active Florida registrates a street address of the register	ce, & Registered Agent's Signature: own Registered Agent. You must designate an individual or ation.)
(The Limited Liability Co another business entity v The name and the Florida	ompany cannot serve as its owith an active Florida registrates a street address of the register Judith Ellis	ce, & Registered Agent's Signature: own Registered Agent. You must designate an individual or ation.)
ARTICLE III - Register The Limited Liability Control unother business entity versions of the Florida  Line The name and the Florida  Line The The The The The The The The The Th	ompany cannot serve as its owith an active Florida registra a street address of the registe  Judith Ellis	ce, & Registered Agent's Signature:  own Registered Agent. You must designate an individual or ation.)  ered agent are:
ARTICLE III - Registe The Limited Liability Co mother business entity v The name and the Florida	ompany cannot serve as its owith an active Florida registrates a street address of the register Judith Ellis	ce, & Registered Agent's Signature:  own Registered Agent. You must designate an individual or ation.)  cred agent are:
ARTICLE III - Register The Limited Liability Control of the contro	ompany cannot serve as its owith an active Florida registra a street address of the registe Judith Ellis Na 17930 NW 13th St	ce, & Registered Agent's Signature:  own Registered Agent. You must designate an individual or ation.)  cred agent are:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
AMBR	Daniel Ellis
	17930 NW 13th ST Pembroke Pines Florida 33029
	00029
MGR	Judith Ellis
	17930 NW 13th ST Pembroke Pines FL 33029
MGR	william Ellis
	17930 NW 13th ST Ponblowe Pros Fl 33019
Use attachment if necessary)	
	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the citive date is listed, the date must be filling.)	
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E V: Effective date, if other than the ctive date is listed, the date must be filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section)	a member or an authorized representative of a member.  10 605.0203 (1) (b), Florida Statutes, the execution of this document
EV: Effective date, if other than the ctive date is listed, the date must be filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation to	a member or an authorized representative of a member.  10 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the ctive date is listed, the date must be filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation of I am aware that any false in	a member or an authorized representative of a member.  10 605.0203 (1) (b), Florida Statutes, the execution of this document
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EV: Effective date, if other than the ctive date is listed, the date must be filling.)  EVI: Other provisions, if any.  Signature of a (In accordance with section constitutes an affirmation of I am aware that any false in constitutes a third degree for the constitutes are the constitutes at the constitutes are the constitutes are the constitutes are the constitutes at the constitutes are	a member or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State released person as provided for in s.817.155, F.S.)

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