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CORPOLICENSE INC.

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(((H150000740693)))

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To:

Division of Corporations

Tax Number

: (850)617-6383

From:

Account Name : CORPOLICENSE, INC Account Number : I20050000118

Phone : (305)774-9606

Fax Number : (305)774-9660

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address plasse.

### FLORIDA LIMITED LIABILITY CO. TAUPE COLOR COATINGS, LLC

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March 26, 2015

FLORIDA DEPARTMENT OF STATE Division of Corporations

CORPOLICENSE, INC

SUBJECT: TAUPE COLOR COATINGS, LLC

REF: W15000021073

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051. ---

Deborah Bruce Regulatory Specialist II

FAX Aud. #: H15000074069 Letter Number: 415A00006025

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P.O BOX 6327 - Tallahassee, Florida 32314

H150000 74069

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF TAUPE COLOR COATINGS, LLC

## **ARTICLE I - NAME:**

The name of the Limited Liability Company Is:

TAUPE COLOR COATINGS, 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:

9455 W. Flagler Street # 702

9455 W. Flagler Street # 702

Miami, FL 33174

Miami, FL 33174

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Jose Roberto Arroyo

9455 W. Flagler Street # 702

Miami, FL 33174

H15000074069

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 605, F.S.

# ARTICLE IV - Management/Member(s):

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

TITLE:

NAME AND ADDRESS

**AMBR** 

Jose Roberto Arroyo 9455 W. Flagler Street # 702 Miami, FL 33174

Jose Roberto Arroyo

(In accordance with section 605.0201, Florida Statutes, The execution of this document constitutes an affirmation under The penalties of perjury that the facts stated herein are true)