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(F	Requestor's Name)	
(/	Address)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Super Paint Bros. 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:
Christo Angelpaulos Name of Person
Super Paint Bros. U.C. Firm/Company 412 Nathan Hale 121, apt 2, Debotte good and address
412 Nathan Hale 12d, apt 2, selections
Address
West Palm Beach FL., 33405 City/State and Zip Code Angelopoulos 59 @ hot-mail.com
B-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christo Angelopy old at (954) 793- (0892) Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certificate of Status & Certificate of S
Mailing AddressStreet AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

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:	
Super Paint F	Scos. LLC.
(Must end with the words "Limited Liabili	ty 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:
412 Nathan Hale Road	412 Nathan Hale Dd.
WALLA Benon El 32405	1200+ Only lands (-/ 3

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:

Christo Angelopoulos

Name

412 Northan Hile 120. Apt 2

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

WPB FL 33405

City State 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 605, F.S..

Registered Agent's Agnature (REQUIRED)

(CONTINUED)

Page 1 of 2

15 JUNIA BH R. 30

<u>Title:</u> "AMBR" = Authorized Membe	Name and Address:
"MGR" = Manager	A 1 1
AMBR	Uniso Hogelopoolos
	412 Nothan Hale Rd.
	Designation Contraction CC
	23 W 316
MGIZ	Octavio Rodriguez
	25 Valencia Dru
	Boynton Beach FL 33436
Use attachment if necessary)	
• •	
(Use attachment if necessary) EV: Effective date, if other than	the date of filing: (OPTIONAL)
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)