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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

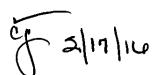




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COVER LETTER

SUBJECT: Quality Painting By Shane Bryan L.L.C. Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing.
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shane Bryan Name of Person
Quality Painting By Shave Bryan L.L.C. Firm/Company
4011 Landfall Dr
Address
Pensacola FL 32507 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Shave Bryan at 334 312-8259 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED

ARTICLE I - Name:	「!」とり
The name of the Limited Liability Company is:	16 FEB -5 FM 4: 27
Quality Painting By Shane Brown L.L.C. (Must end with the words "Elmited Liability Company, "L.L.C.," or "LLC.")	TALE LANGE STATE
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address	<u>'ess</u> :
4011 Landfall Or 4011 Landfall Dr Pensacola FL 32507 Pensacola FL 30	2507
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 incanother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	dividual or
Name 4011 Landfall Dr. Florida street address (P.O. Box NOT acceptable)	
Pensacola Fla. 32507 City State Zip	
Having been named as registered agent and to accept service of process for the above stated limited liabi place designated in this certificate, I hereby accept the appointment as registered agent and agree to act further agree to comply with the provisions of all statutes relating to the proper and complete performant am familiar with and accept the obligations of my position as registered agent as provided for in Chapter	in this capacity. I se of my duties, and I
Dog L. Bell	
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
Manager	Shane Bryan
9	4011 Landfall Dr Pensacola FL 32507
Manager Member	PENSACOIA FL 32301
Member	Britter Britstein
	96 11 Kandful Dr
	Prince la 12 32507
	
ffective date is listed, the date must l	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
CLE V: Effective date, if other than the effective date is listed, the date must late of filing.) If the date inserted in this block does becoment's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
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