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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)
Certified Copies	_ Certificate	s of Status
	Fill Off	
Special Instructions to	Filing Officer:	

Office Use Only



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TO MAN OF THE BOX OF

COVER LETTER

	Registration Section Division of Corporations		
SUBJECT	all finished painting, llc.		
SUBJEC		ted Liability Company	
The enclos	sed Articles of Organization and fee(s) are	submitted for filing.	
Please retu	arn all correspondence concerning this mat	ter to the following:	
	Michael Messano		
		Name of Person	
	all finished painting, llc.		
		Firm/Company	
	12920 SE 104th Court		
		Address	
	Belleview, FL 34420		5 ZX
	Cit dulceleigh@aol.com	y/State and Zip Code	GEA GEA MAR 3
	E-mail address: (to be used for	or future annual report notification)	
For further i	nformation concerning this matter, please of	pair.	
	Michael Messano 813	369-0261	
	Name of Person Are	a Code Daytime Telephone Number	>
Enclosed i	s a check for the following amount:		
]\$ 125.00 F	iling Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status Certified Copy (additional copy is end	s &
	Mailing Address New Filing Section Division of Corporations	Street Address New Filing Section Division of Corporations	

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabilit	y Company is:		
all finished painting,	llc.		
(Must end	with the words "Limited	d Liability Compan	y, "L.L.C.," or "LLC.")
ADMICE DAY AND			
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	office of the Limited	Liability Company is:
The maning address and street ac	idiess of the principal c	office of the Lithitet	Liability Company is.
<u>Principa</u>	ol Office Address:		Mailing Address:
12920 SE 104th Cou	rt	129	20 SE 104th Court
Belleview, FL 34420		Bel	leview, FL 34420
THE TOTAL THE REGISTER OF THE	nt, Registered Office,	& Registered Age	nt's Signature:
	ctive Florida registratio	Registered Agent. on.)	nt's Signature: You must designate an individual or
(The Limited Liability Company another business entity with an a	cannot serve as its owr ctive Florida registration	Registered Agent. on.)	
(The Limited Liability Company another business entity with an a	cannot serve as its owr ctive Florida registration address of the registered	Registered Agent. on.)	
(The Limited Liability Company another business entity with an a	cannot serve as its owr ctive Florida registration address of the registered	Registered Agent. on.) d agent are: Name	
(The Limited Liability Company another business entity with an a	cannot serve as its own ctive Florida registration address of the registered Michael Messano	Registered Agent. on.) d agent are: Name	You must designate an individual or
(The Limited Liability Company another business entity with an a	cannot serve as its own ctive Florida registration address of the registered Michael Messano 12920 SE 104th Country and the country are served as its own are served as its	Registered Agent. on.) d agent are: Name	You must designate an individual or
(The Limited Liability Company another business entity with an a	cannot serve as its own ctive Florida registration address of the registered Michael Messano 12920 SE 104th Court Florida street address	Registered Agent. on.) d agent are: Name art ss (P.O. Box NOT a	You must designate an individual or

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 Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
TALLARY SSEELFLORIDA

MAR 31 PH 3: 31

<u> Citle:</u> AMBR" = Authorized Member	Name and Address:	
MGR" = Manager		
AMBR	Dulce Daugherty	
	12920 SE 104th Court	
	Belleview FL 34420	
		
Use attachment if necessary)		
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; ARTICLE IV-