

JUL/12/2016 TUE 01:39 PM

7/12/2016

FAX No.

Division of Corporations

001/003

L16 0001 27748

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Fax Number : (850)617-6381

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FLORIDA LIMITED LIABILITY CO.
DEPENDABLE PAINTING OF SOUTH FLORIDA, LLC.

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

07-13-16

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dependable Painting of South Florida, LLC.

(Must end with the words "Limited Liability 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:

9233 Bay Dr
Surfside, FL 331549233 Bay Dr
Surfside, FL 33154

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:

Seth Marini

Name

9233 Bay DrFlorida street address (P.O. Box **NOT** acceptable)Surfside

City

FL33154

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.

Seth Marini

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member


"MGR" = Manager

Name and Address:MGRSeth Marini9233 Bay DrSurfside, FL 33154MGREarl G. Shields III1245 NW 4th AveFort Lauderdale, FL 33311

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/11/16 (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Seth Marini

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
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