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2016 SEP 15 PM 2:39  
SEAL OF THE STATE  
TALLAHASSEE, FLORIDA

11/11

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: C. Quiñones Painting and Handy Man L.L.C  
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:

Carlos L. Quiñones

Name of Person

C. Quiñones Painting and Handy Man

Firm/Company

3516 Saint John St Apt 101

Address

Panama City FL 32401

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos L. Quiñones at ( 850 ) 276-5674

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☒

\$130.00 Filing Fee &  
Certificate of Status

☐

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐

\$160.00 Filing Fee,  
Certificate of Status &  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C. Quiñones Painting and Handy Man, L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3516 Saint John St  
APT 101 Panama City  
FL 32401

Mailing Address:

3516 Saint John  
St APT 101 Panama  
City, FL 32401

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:

Carlos L. Quiñones  
Name

3516 Saint John St APT 101  
Florida street address (P.O. Box **NOT** acceptable)

Panama City FL 32401  
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.,*

Carlos L. Quiñones  
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

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**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR - MGR

**Name and Address:**

Carlos L. Quiñones  
3516 Saint John St  
APT 101

Panama City, FL  
32401

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_, (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

~~We have already paid the fee's and will not remit again. We~~ are a minority business. ~~Cuban male and Cuban female.~~

~~Reference# W16000042937~~

**REQUIRED SIGNATURE:**

Carlos L. Quiñones

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Jose E. Roberts

Carlos L. Quiñones

Typed or printed name of signer

**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)