

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L17000034199**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H17000043736 3)))



H170000437363ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : A.A.ALI, CPA  
Account Number : I20000000192  
Phone : (407)298-3900  
Fax Number : (407)298-0660

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
ALL-PHASES MASTER PAINTERS & RENOVATIONS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 16 2017  
C Kinsey

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**ALL- PHASES MASTER PAINTERS & RENOVATIONS, LLC.**

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

**ARTICLE II - Address:**

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

**318 LIME AVE.  
ORLANDO, FL 32805**

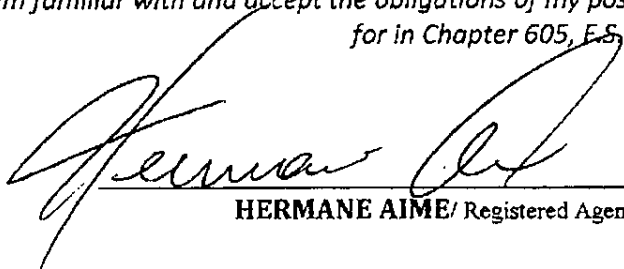
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(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:

**HERMANE AIME  
318 LIME AVE.  
ORLANDO, FL 32805**

*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.*

  
HERMANE AIME/ Registered Agent's Signature

2017 FEB 15 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

((H17000043736 3)))

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager

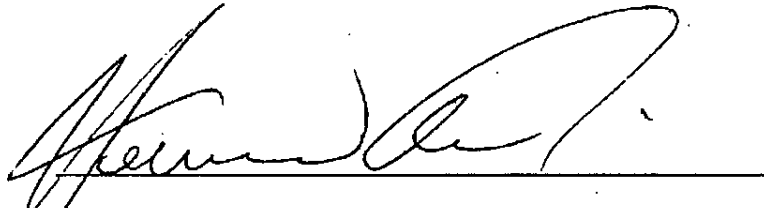
"MGRM" = Managing Member

**HERMANE AIME - MGR**  
**318 LIME AVE.**  
**ORLANDO, FL 32805**

**ARTICLE V: Effective date, if other than the date of filing: 2/15/2017**

(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.)

**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. )

**HERMANE AIME**

\_\_\_\_\_  
Typed or printed name of signee

((H17000043736 3)))