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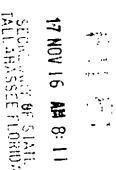
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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N CULLIGAN

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## COVER LETTER ' .

TO: New Filing Section Division of Corporations	
SUBJECT: We the Boole R. Name of Limit	ed Liability Company
The enclosed Articles of Organization and fee(s) are s	submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Charles Bisc	Name of Person
Tarpon Bay Gre	Firm/Company
7541 Sawyer C	Address
Partcharlotte, Fi	- 33981 y/State and Zip Code
Base has fonce dy n E-mail address: (to be used fo	omics.com or future annual report notification)
For further information concerning this matter, please c	rall:
Charles Bisceglia at ( ) Name of Person Are	a Code Daytime Telephone Number
Enclosed is a check for the following amount:	/
\$125.00 Fiting Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address  New Filing Section	Street Address New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2017

CHARLES BISCEGLIA 7541 SAWYER CIRCLE PORT CHARLOTTE, FL 33981

SUBJECT: WE THE PEOPLE PAINTING L.L.C.

Ref. Number: W17000088212

We have received your document for WE THE PEOPLE PAINTING L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Cannot read the Registered Agents name. Please print out the name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 517A00022320

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ARTICLE II - Address:	st contain the words "Limited Li	aomicy Company,	E.E.C., Of ELC.	
	street address of the principal offi	ice of the Limited L	Liability Company is:	
<u>P</u>	rincipal Office Address:		Mailing Address:	
POUL CHONIU	13981 - 1816	7541 Rou	Charlotte, FC 33181	
(The Limited Liability Co another business entity wi	red Agent, Registered Office, & onpany cannot serve as its own R ith an active Florida registration, street address of the registered a	egistered Agent, Yo	ou must designate an individual or	17 NOV 16
	nursaylar	 Name		
	12039 New G	iati Ave	eptable)	6 <b>3</b> 8: 1
	12039 NWG	iati Ave	ceptable) 23981	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

"AMBR" = Authorized Member "MGR" = Manager	Charles Bisceptice 7541 Sawys Coxle Rod Charlotte Fl, 33981	
	7541 Sawys Cixle	
	Row Chawlette FL, 33981	
<del></del>		
<del></del>		
(Use attachment if necessary)		
<b>lote:</b> If the date inserted in this block does not meet the		OC HAL
ne document's effective date on the Department of State		oc nat
ne document's effective date on the Department of State		
ne document's effective date on the Department of State		
RTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	Charles B Biscequa	
RTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of This document is executed in a I am aware that any false inform		
RTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of This document is executed in a I am aware that any false inform constitutes a third degree felony.	or an authorized representative of a member. coordance with section 605.0203 (1) (b), Florida Statutes. action submitted in a document to the Department of State as provided for in s.817.155, F.S.	
RTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of This document is executed in a I am aware that any false inform constitutes a third degree felony.	or an authorized representative of a member. ecordance with section 605.0203 (1) (b), Florida Statutes. nation submitted in a document to the Department of State	
RTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of This document is executed in a I am aware that any false inform constitutes a third degree felony.	or an authorized representative of a member. ecordance with section 605.0203 (1) (b), Florida Statutes. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.  Disciplo d or printed name of signee	17 NOV 16