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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Coston Remodeling + Painting 500. LLC Name of Limiter 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 Sand (NAZ Name of Person
Name of Person
P. O' Box 1077
Address Greine Fl 32332 City/State and Zip Code (STILANTESE & Yahaa (Com For it address (to be used for future annual report notification)
City/State and Zip Code (STILAVIESE COVERED CODE
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carle, Sandal at (\$50) 570-5585 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Street Address New Filing Section
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
Tallahassee, FL 32314 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:

Principal Office Address:	Mailing Address:
33 5 m. 44 (1 #125	-4FOL XOG 6.9
33 5.x. 41, (, = #25 Gre Ing Fl. 32332	Frelux F1. 32332
CICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or
name and the Florida streetjaddress of the registered agent	
Cayley A S	2011-10 6-12
Name	
	Cr. #25
Florida street address (P.O.	
Garage Fr	323 32. State Zip
City	State Zip
ng been named as registered agent and to accept service of p	nt as registered agent and agree to act in this capacity.
er agree to comply with the provisions of all statutes relating	to the proper and complete performance of my duties, to istered agent as provided for in Chapter 605. F.S
ner agree to comply with the provisions of all statutes relating familiar with and accept the obligations of my position as regi	istered agent as provided for in Chapter 605, F.S Sigent's Signature (REQUIRED)

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<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Carlo Sande Graz
	P. D. Bert 1077
l	6x44 Fl 32332
MGR	Adrel Grandos
	1075 Dewey Johnson Wal
	Gratue FN 37337
a	
Ambr	
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E V: Effective date, if other than the ective date is listed, the date must	e date of filing:
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