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# COVER LETTER

TO: New Filing Section Division of Corporations  SUBJECT: THAN UP PAINTING LLAC.  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:
Name of Person
3125 Tipperary Dr.  Talla Mussel Fl. 32309
City/State and Zip Code  D' Patterson 313 @ ComCast, Net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Donnie at (850) 212 - 5517  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$  \$155.00 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 1 - Name:

The name of the Limited Liability Company is:	
Titan UP Pain  (Must contain the words "Limited Liability Company, "L.L.C.	ting LihiC.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability	y Company is:
Principal Office Address:	Mailing Address:
3125 Tipperary Or 3125 Tallahassee Fl 32309 Dr. T	Tipperary allamasseeH 32309
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sign (The Limited Liability Company cannot serve as its own Registered Agent. You must another business entity with an active Florida registration.)	nature: st designate an individual or
The name and the Florida street address of the registered agent are:  Ponnie Patter.  Name	Sen Hay
3125 Tipper acy S Florida street address (P.O. Box NOT acceptable  Tallahasse Fl. 3.	2309 Zip
On; Otale	

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Dunnie Putterson
	3125 Tipporury Dr. Tallahassee Fl. 32309
<del></del>	HAY 15
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be specthe date of filing.)  Note: If the date inserted in this block does not me	f filing:
ARTICLE V: Effective date, if other than the date o (If an effective date is listed, the date must be spec the date of filing.)	f filing:

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)