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(Re	questor's Name)	
(Ad	dress)	_
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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N. SAMS JUN 1 3 2019



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HVALS JOHN TO THE

2019 JUN 13 AM

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: TNT Painting Services 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:
Terry Weston Spivey Name of Person
2414 Stanford Rd.
Parama City Fl 32405 City/State and Zip Code Spivey 5560 @ yahoo. Com U-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Terry Spryey at (850) 774-7296 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 Certified Copy (additional copy is enclosed) \$160.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
Must contain the words Limited Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address: Mailing Address:			
2414 Stanfold Rd. Panama City Fl 30405 Panama City Fl 30	<u> </u>		
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.)	ALL AI	2019 JUN	
The name and the Florida street address of the registered agent are:	22	=	- 1
Terry Weston Spivey Nume 2414 Stanfold Rd.	RY OF ST SSEEL FLO	3 AM 5:	
Florida street address (P.O. Box NOT acceptable)	22	Ģ L3	
P 11 1 4 32 45			

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 qs registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Zip

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Terry Weston Spivey
	Panama City CI 32405
Manager	Panama City CI 32405 Panama City City City City City City City City
	STATE FLORIO
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	late of filing: Ob-13-2019 (OPTIONAL) especific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
ARTICLE VI: Other provisions, if any.	
ARTICLE VI: Other provisions, if any.	
ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	1
REOUIRED SIGNATURE:	tarping
REOUIRED SIGNATURE: Signature of: This document is ex	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155. F.S.

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)