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(Requestor's Name)		
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone	= #)
		·
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
,	,	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

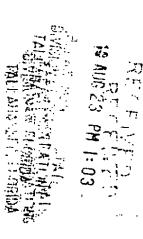




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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Robert Ditts 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:
Pobert Pitts Name of Person
4037 Apalahee Parkway
Tallangssee FIA. 32-311 City/State and Zip Code Robert Pitts 0311 @ 9 Wall. Com E-mail address? (to be used for future annual report notification)
For further information concerning this matter, please call:
Don Pi+15 at (850) 656 1859 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}}\$ Certificate of Status & Certificate Opy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahasser, 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

The name of the Limited Liability Company i	.s:		_
Robert	Pith	Painting	LLC
(Must contain the words	s "Limited Liability Cor	npany, "L.L.C.," or "LLC."	

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:
4037 Apagimice Picwy	4037 Apalachee
Tallahasse FIA.32311. Lic	Parkway. 32311

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:

Robert Pits

Name

LO37 Apalachee Parkway

Florida street address (P.O. Box NOT acceptable)

Tallahase Fla, 32311

City State Zip

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:	Name and Address;	
"AMBR" = Authorized Member "MGH" = Manager	Robert Pitts Parations 4031 Apalached Pku	
	Tallahasee Fla	
	52311	
the date of filing.)	and cannot be more than five business days prior to or 90 days after a applicable statutory filing requirements, this date will not be listed a:	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE: Parties of a member	or an authorized representative of a member.	
This document is executed in a lam aware that any false infort	accordance with section 605.0203 (1) (b). Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.	
Typ	ed or printed name of signee	

The name and address of each person authorized to manage and control the Limited Liability Company:

 $\frac{Filing\ Fees;}{\text{S125.00 Filing Fee}\ for\ Articles\ of\ Organization\ and\ Designation\ of\ Registered\ Agent}$

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

S 5.00 Certificate of Status (Optional)