

**L19000215857**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : SUPERBIZ.COM, INC.  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**

**Jose Sanchez Painting LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 AUG 30 AM 8:46  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED  
LIABILITY COMPANY**

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**ARTICLE I: NAME**

The name of the Limited Liability Company is:

**JOSE SANCHEZ PAINTING LLC**

**ARTICLE II: Address**

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


**2216 HAMMOCK SQUARE DRIVE APT 308  
LYNN HAVEN, FLORIDA 32444**

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED  
AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

**LEYLA FERNANDEZ  
2216 HAMMOCK SQUARE DRIVE APT 308  
LYNN HAVEN, FLORIDA 32444**

Having been named as registered agent 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.



**LEYLA FERNANDEZ/** Registered Agent's Signature

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**JOSE SANCHEZ PAINTING LLC**


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

**AMBR:**

**JOSE LUIS SANCHEZ**

**2216 HAMMOCK SQUARE DRIVE APT 308  
LYNN HAVEN, FLORIDA 32444**

X



**JOSE LUIS SANCHEZ**

Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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