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	and a Name of	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVERLETTER

TO: New Filing Section Division of Corporations
SUBJECT: Alex Aman Painting 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:
Alex Aman
5934 Deer Park Circle
Address
City/State and Zip Code Alex aman 850 6 Yahra - Com E-mail address: (to be used for future annual report notification)
City/State and Zip Code Alay of Annia & So & Annia Co.
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alex Aman at (\$50) 597-0954 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S125.00 Filing Fee

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32344

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 is:	
Alex Aman Painting, LLC (Must contain the words "Limited Liability Company, "L.L.C." or "LLC.")	
(Must contain the words "Limited Liability Company, "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: 5934 Deer Park Circle

Talahassa	· FL 32311			
•				
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	any cannot serve as its own l	Registered Agent, Y	e's Signature: 'ou must designate an	individual or
The name and the Florida stre	cet address of the registered Alex Ama			
		Name		
	5934 Deur Florida street address			
	Tallahassa	FL State	<u>32311</u> 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)

Mailing Address:

(CONTINUED)

-2119-00-1-10-01-12-2-5

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR.	5934 Dec park Circle
	
(Use attachment if necessary)	illing: (OPTIONAL)
ate of filing.)	ic and cannot be more than live business days prior to or 90 da
ate of filing.) 11 the date inserted in this block does not meet	the applicable statutory filing requirements, this date will not be
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ARTICLE IV-