## <u>L20000163437</u>

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	. , ,	
	Office Use Only	



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**Department of State** 

**Division of Corporations** 

**Stealth Courier LLC** 

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

## **Stealth Courier Box**

Company: Lee's Purpose Painting, LLC

Requester: Advance Insight Accounting

## COVER LETTER

TO:	New Filing Se Division of Co				
SUBJE		RPOSE PAINTING	G, LLC		
,,,,,,,,		Nan	ne of Limited I	iability Company	·
The end	closed Articles of	Organization and	fec(s) are subn	nitted for filing.	
Please	return all corresp	ondence concernin	g this matter to	the following:	
	JOEL LEE				
			Nar	ne of Person	
	LEE'S PUR	POSE PAINT, LLC	C		
			Fir	n/Company	
	179 SW 1ST	COURT			
	·			Address	
	DEERFIEL	D BEACH, FL 334	141		
	numosenainti	ng03@gmail.com	City/Sta	te and Zip Code	
			be used for ful	ure annual report notifica	ution)
For further	er information co	ncerning this matte	er, please call:		
	JOEL LEE		954 _at (	412-8738	
		ne of Person	Area Co	de Daytime Telepho	
Enclose	ed is a check for t	he following amou	nt:		
		_	g Fee & E	l\$155.00 Filing Fee & ertified Copy itional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. H	ng Address Tiling Section on of Corporations fox 6327 assee, FL 32314		Street Address New Filing Section I The Centre of Tallal 2415 N. Monroe Str Tallahassee, FL 323	hassee reet, Suite 810

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:		
LEE'S PURPOSE PA	INT, LLC		
(Must conta	in the words "Limited Lia	bility Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	ldress of the principal offic	e of the Li	imited Liability Company is:
Princips	ıl Office Address:		Mailing Address:
179 SW 1ST COURT			179 SW 1ST COURT
DEERFIELD BEACH	-1, FL 33441	<del>.</del>	DEERFIELD BEACH, FL 33441
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own Re etive Florida registration.)	gistered A	l Agent's Signature: gent. You must designate an individual or
		,	
	JOEL LEE	ame	
	179 SW 1ST COURT		
	Florida street address (P	O. Box N	OT acceptable)
	DEERFIELD BEACH	FL_	33441
	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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

2620 JUN 18 AN 9:54

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	JOEL LEE 179 SW 1ST COURT DEERFIELD BEACH, FL 33441
711 1 C	
(Use attachment if necessary)  I.E.V: Effective date if other than the	date of filing: HINE 17, 2020 (OPTIONAL)
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does	date of filing: JUNE 17, 2020 (OPTIONAL)  oe specific and cannot be more than five business days prior to or 90 da  not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does ument's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does ument's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does ument's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the feetive date is listed, the date must be of filing.)  If the date inserted in this block does ument's effective date on the Departr  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is elam aware that any	not meet the applicable statutory filing requirements, this date will not be

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

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)

ARTICLE IV-