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Division of Corporations  
Florida Department of State  
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Electronic Filing Cover Sheet

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To:

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

From:

Account Name : FL PATEL LAW PLLC  
Account Number : 120170000097  
Phone : (727)279-5037  
Fax Number : (727)888-1294

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

Email Address: Russellgulickart@gmail.com

**FLORIDA LIMITED LIABILITY CO.**  
**Surface Paint Solutions, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$130.00 |

J. FASON

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## COVER LETTER

Thursday, August 13, 2020

To: New Filing Section  
Division of Corporation

Subject:  
Surface Paint Solutions, LLC  
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:

**FL Patel Law PLLC**  
360 Central Avenue  
8<sup>th</sup> Floor  
St. Petersburg, Florida 33701  
Fax: 727-888-1294

**For further information concerning this matter, please call or e-mail:**

**Kalpesh Patel at 727-279-5037 or e-mail at Contact@flpatellaw.com**

**Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status.**

**FL Patel Law PLLC**

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**ARTICLES OF ORGANIZATION**

**FOR**

**Surface Paint Solutions, LLC**

**A**

**Florida Limited Liability Company**

**ARTICLE I.**

**Name**

The name of the Limited Liability Company is: Surface Paint Solutions, LLC (the Company).

**ARTICLE II.**

**Address**

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

2793 Woodsmill Drive  
Melbourne, Florida 32934

**ARTICLE III.**

**Registered Agent, Registered office, & Registered Agent's Signature**

The name and the Florida Street Address of the Registered Agent are:

Russell Gulick  
2793 Woodsmill Drive  
Melbourne, Florida 32934

*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.*



(sign)

Russell Gulick


**ARTICLE IV.**  
**Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

| <u>Title</u>  | <u>Name and Address</u>  |
|---|--|
| <b>AMBR = Authorized Member</b><br><b>MGR = Manager</b> |  |
| <u>MGR</u>  | Russell Gulick<br>2793 Woodsmill Drive<br>Melbourne, Florida 32934 |

**ARTICLE V.**

The Effective date shall be the date of filing.



(sign)

**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Russell Gulick

Authorized Representative/Member

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