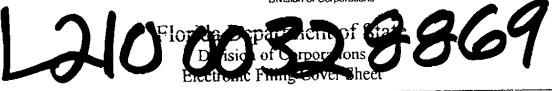
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

: SOSME ACCOUNTING & TAX SERVICES LLC Account Name

Account Number : I20200000102 : (954)998-1035 Phone : (954)573-1480 Fax Number

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

mail	Address:	

FLORIDA LIMITED LIABILITY CO. R. REYES PAINTING LLC

والمراجع والمناول والزوج والوالا المراجع والمناو المراجع	
Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$139.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

	lew Filing Section Pivision of Corporations			
	R. REYES PAINTING LLC			
SUBJECT	r:Name	of Limited Liability	Company	
The enclose	sed Articles of Organization and fer	e(s) are submitted fo	or filing.	
Please ret	urn all correspondence concerning t	his matter to the fol	lowing:	
	JASMIN VILLATORO GRANA	DOS		
		Name of P	crson	
	R. REYES PAINTING LLC			
		Firm/Con		
	6961 NW 2ND TERRACE			
		Addre	SS	
	FORT LAUDERDALE FL 3330	9		
		City/State and	Zip Code	
	BRILLOVILLATORO@GMAIL		mual report notification	n)
For further	information concerning this matter		and report non-	
	954	347	4053	
	Name of Person		Daytime Telephone	Number
Enclosed	is a check for the following amoun	t:		
□\$125.6	00 Filing Fee #\$130.00 Filing Certificate of Sta	tus Certific	.00 Filing Fee & d Copy I copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre	issee

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:			
R. REYES PAINTIN (Must conta	G LLC ain the words "Limited Liabi	lity Company,	"L.T.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal office	of the Limited	Liability Company is:	
<u>Princip</u>	Principal Office Address:		Mailing Address:	
6961 NW 2ND TERI FORT LAUDERDA	RACE LE FL 33309	_ 		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own Reg active Florida registration.) address of the registered age	istered Agent. nt are:	nt's Signature: You must designate an individual or	21 JUL 19 PH 12: 43
	JASMIN VILLATORO			٠ (
	Na	me	## ***	
	6961 NW 2ND TERRACE			<u>15</u>
Florida street address (P.O. Box NOT acceptable)			acceptable)	4 7
	FORT LAUDERDALE	FL	33309	ω
	City	State	Zip	
place designated in this certificate further agree to comply with the D	, I hereby accept the appoints rovisions of all statutes relatibilizations of my position as r	ment as registe ng to the prope egistered agent	ne above stated limited liability compared agent and agree to act in this caper and complete performance of my decrease provided for in Chapter 605, F.S. ature (REQUIRED)	uties, and I

(CONTINUED)

ARTICLE IV-

Title:		Name and Address:		
"AMBR" = Au	horized Member			
"MGR" = Mana	ger			
MGR		JASMIN VILLATORO GRANADOS		
		6961 NW 2ND TERRACE		
		FORT LAUDERDALE FL 33309		
MCD		RAUL ANTONIO REYES ARGUETA		
MGR		6961 NW 2ND TERRACE		
		FORT LAUDERDALE FL 33309	3 - 12	
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\$ 5.00 Certificate of Status (Optional)