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(Requesto	or's Name)
(Address)	
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Chryotate	azipirnone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
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Certified Copies (Certificates of Status
Special Instructions to Filing C	Officer:
v	

Office Use Only



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S. CHATHAM

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COVER LETTER

TO: New Filing Se Division of Co			
SUBJECT:	Name of Lim	unt House ited Liability Company	E Painting LL
The enclosed Articles o	f Organization and fee(s) are	submitted for filling	
Please return all corresp	ondence concerning this ma	tter to the following:	
. <u>.</u>	Gan	Name of Person	
		FirnvCompany	
	4708 C	enter dr	
-	Tallaha	Address SSEE ty State and Zip Code	1 32305 cognail.com
	E-mail address: (to be used	for future annual report notificati	ion)
For further information co	oncerning this matter, please	call	
Gw	L Tylet at (Z	oa Code Daytime Telephon	e Number
Enclosed is a check for	the following amount:		
25.00 Filing Fee	CS130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Maili	ng Address	Street Address	

New Filing Section Division of Corporations P.O. Box 6327

Tallahassee, Fl. 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

ARTICLES OF	ORGANIZA	TIONFORFLO	ORIDA LIMITEDI	LIABILITY COMPANY

.RTICLE I - Name:

for name of the Limited Liability Company is:

Discount House Painting (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	10	
.RTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: 4708 Center dr Tally, Fl 32305 Same	- -	
RTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or at her business entity with an active Florida registration.) The name and the Florida street address of the registered agent are.	2023 HAY 3	u e e
Horida street address (P.O. Box NOT acceptable) Tallahass E Fl. 32305	PM 4: 03	**************************************
City State Zip song been named as registered agent and to accept service of process for the above stated limited liability company a	u the	

e lesignated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I ther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I

Similar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Title: "AMBR" = Authorized Member "MGR" = Manager Manager	Gary Tyler 4708 Center Dr Tallahasser FL 32305	
	99 - 77 - 675	2023 HA
(Use attachment if necessary)		731 PM 4:0
VRTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp the date of filing.)	c of filing	
REQUIRED SIGNATURE:	Tyler	

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) . 4 r

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

ARTICLE IV-