

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.

(((H240000906763)))



H240000906763ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:				
	Division of Ca	rporations		
		: (850)617-6381		
From:				
	Account Name	: EXPRESS CORPORATE FILING SERVICE INC.		
	Account Number	: 12000000146	20	
	Phone	: (305)444-4994	2024	
	Fax Number		HAR	
			5	
			1	
		s for this business entity to be used for future	7	
an	inual report maili	ngs. Enter only one email address please.**	9	
		:	PX	
Em	ail Address:		\sim ·	:
			N C	
		ني ۲۰ مېرې	<u> </u>	

FLORIDA LIMITED LIABILITY CO. ARIA'S PRO PAINTING LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00



Help

2024 HAR - 7

8

 \square

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

FILED 2024 MAR -7 AM 8: 41

ARIA'S PRO PAINTING LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
3524 Grande Leserve Way Apt Orlando, FI, 32837	202 3524 Grande Reserve Way Apt 202
0110100, F1, 3082+	Orlando, F1, 32837

ARTICLE 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 another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:



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.,

Kon Almander Frias Munoz Registered Agent's Signature (REQUIRED)

arias. propainting@gmail.com (CONTINUED)

Page 1 of 2

ARTICLE IV-

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

Name and Address:
Jhon Alexander Arias Muñoz 3524 Grande Reserve way Apt 202 Orlando, FL, 32837
03/07/2024 (OPTIONAL)

Note: If the date inserted in this block does not meet the applicable statutory tiling requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Jhon Alexander Arias Muñoz

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.

Typed or printed name of signee

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)

TALLAHASSEE. FLOR 2024 MAR -7 AM 8: 4 1

Page 2 of 2