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#### **COVER LETTER**

TO:

**Registration Section** 

E	Division of Corporatio	ns						
	AJP PAINTING SO	OLUTIONS, LLC						
SUBJECT	Γ;	Name of Limited Liability Company						
				ation to Transact Business in Florida," Certificate of ted liability company to transact business in Florida				
Please retu	urn all correspondence	concerning this matter to the f	following:					
	ANTONIO PI	NO						
		Name of Person						
	AJP PAINTIN	AJP PAINTING SOLUTIONS						
	Firm/Company							
	PO BOX 286	PO BOX 286						
	Address							
	LADSON, SC	29456						
		City/Sta	ate and Zip Code	,				
	TPINO@AJPPA	AINTINGSOLUTIONS.COM						
		E-mail address: (to be used	for future annual	report notification)				
For further	r information concernir	ng this matter, please call:						
ANTONIO PINO		754 242-9165 at ( )						
_	Name (	of Contact Person	Area Code	Daytime Telephone Number				
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
	s a check for the follow 3 \$125.00 Filing Fee	ving amount:  \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee & \$\Bigcup \$160.00 Filing Fee, Certificate of Status & Certified Copy				
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

AJP PAINTING SOLU	TIONS, LLC lign Limited Liability Company; must include	GILLIA I LUIS COMMUNITA COMUNITA COMMUNITA COM	- 41 I C 3N
(Name of Fore	ign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,	ternate name adopted for the purpose of trans or "LLC.")	sacting business in Florida. The alternate nar	ne must include "Limited
2. SOUTH CAROLINA	3. 4	45-5284447	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	)
4. N/A			
	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.)	rida, if prior to registration.) S. to determine penalty liability)	_
5			_
8161 HALIFAX WAY		N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	_
·	(Street Address of Principal	Office)	_
6. NORTH CHARLESTO	N, SC 29420		<del></del>
PO BOX 286 LADSO	N, SC 29456		
	(Mailing Address)		_
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	ANTONIO PINO		
Office Address:	17360 SW 32ND CT		
	MIRAMAR	, Florida 33029 (Zip code)	
Registered agent's accep	(City)	(Zip code)	_
designated in this applica to complywith the provision	gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper a ny position as registered agent.  (Registered agent	registered agent and agree to act in that and complete performance of my duties.	is capacity. I further agree
8. The name, title or capa	city and address of the person(s) who has	s/have authority to manage is/are:	SEP 2
ANTONIO PINO			22
OWNER			
PO BOX 286 LADSON,	SC 29456		<u> </u>
9. Attached is a certificate urisdiction under the law of the translator must be su	of existence, no more than 90 days old, dof which it is organized. (If the certificate abmitted)	duly authenticated by the official having is in a foreign language, a translation o	custody of records in the f the certificate under oath
	Signature of an aut	thorized person	_
	in accordance with section 605.0203 (1) the Department of State constitutes a thir		

Typed or printed name of signee

ANTONIO PINO

# The State of South Carolina



## Office of Secretary of State Mark Hammond

#### **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

### AJP PAINTING SOLUTIONS, LLC,

a limited liability company duly organized under the laws of the State of South Carolina on October 16th, 2014, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 11th day of September 2015.

Mark Hammond, Secretary of State