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	S	ECRETARY OF STA LAHASSEE, FLOR
(Re	questor's Name)	
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(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Co		F	ILED	
SUBJECT:	John Hall	Painting 2006 FEI d Liability Company) SECRET TALLAHA	ARY OF STATE	
The enclosed Articles o	f Organization and fee(s) are s			
Please return all corresp	ondence concerning this matte	er to the following:		
Jo	in Hall			
John	Hall Pair	Name of Person) カル(Firm/Company)		
113 /	Manten u	Day	<u> </u>	
Dastin Honde 325211				
(City/State and Zip Code) For further information concerning this matter, please call:				
John Hall	of Person)	at (<u>8750</u>) <u>J36</u> (Area Code & Daytime Te	Hephone Number)	
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

FILED

ARTICLES OF ORGANIZATION FOR FLÖRIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
John Hall Painting (Must end with the words "Limited Liability Company, "Limited Cor	LLC

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

113 Marker Way Destro Moriou 32541	113 Manters Wey Durph ground 32011
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	
Name 113 Martes U Florida street ad Destri A City, State,	dress (P.O. Box <u>NOT</u> acceptable) FL 325Y/

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 608, F.S..

Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

• ARTICL The name	E IV- Manager(s) or Mana and address of each Manage	iging Member(s): er or Managing Member is a	s follow FILED
<u>Title:</u> "MGR" = "MGRM"	Manager = Managing Member RM	Name and Address: John Hell 113 Manten Wa Destin 31 3	2006 FEB - 7 P 3: 57 SECRETARY OF STATE TALLAHASSEE. FLORIDA
ARTICLE V: Ef	chment if necessary) fective date, if other than the ate is listed, the date must be r the date of filing.)	date of filing: 2/6/0	. (OPTIONAL) te than five business days prior
REQUIR	ED SIGNATURE:	·	
	(In accordance with sec	r or an authorized representative tion 608.408(3), Florida Statutes, tutes an affirmation under the penerein are true.)	the execution

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)