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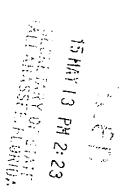
(Re	questor's Name)	
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## COVER LEŤTER

	Registration Division of C	Section orporations			
SUBJECT		ine Finishes L.L.C.			
SOBJEC		Name of L	imited Liabili	ty Company	
The enclo	sed Articles	of Organization and fee(s)	are submitted	for filing.	
Please reti	urn all corres	pondence concerning this r	natter to the f	ollowing:	
	Annette M	. Pledger			
			Name of	Person	
	Always Fir	ne Finishes L.L.C.			
			Firm/Co	mpany	
	5686 Carib	bean Circle			
			Addre	ess	
	Keystone I	leights, FL 32656			
			City/State and	Zip Code	<del>-</del>
	apledger9@	-			
		E-mail address: (to be use	d for future a	nnual report notificat	ion)
For further i	information c	oncerning this matter, plea	se call:		
	Annette M.		904	449-3779	
	Na		Area Code	Daytime Telephon	ne Number
Enclosed i	s a check for	the following amount:			
\$125.00 F	iling Fee	\$130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & ed Copy ol Copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Maili	ino Address		Street Address	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	lite Commone io			
The name of the Limited Liabi	nty Company is:			
Always Fine Finish (Must en		Liability Co	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal of	fice of the L	mited Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
5686 Caribbean Cir	cle		5686 Caribbean Circle	
Keystone Heights, I	IL 32656		Keystone Heights, FL 32656	
The name and the Florida stree	Annette M. Pledger			
	•	Name		
	5686 Caribbean Circle	:		
	Florida street address		OT acceptable)	
	Keystone Heights	FL	32656	
	City	State	Zip	
place designated in this certificat further agree to comply with the p	e, I hereby accept the appo provisions of all statutes rel obligations of my position a	intment as re lating to the p s registered of	for the above stated limited liability of gistered agent and agree to act in the proper and complete performance of agent as provided for in Chapter 605 LLLL.  Signature (REQUIRED)	is capacity. I my duties, and I s, F.S  The Market State
		Page 1 o	<b>f2</b>	2: 23 LUMID

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR/ MGR	Annette M. Pledger
	5686 Caribbean Circle
	Keystone Heights, FL 32656
<del></del>	
of filing.)	e specific and cannot be more than five business days prior to or 90 c
EV: Effective date, if other than the ective date is listed, the date must bof filing.)	e specific and cannot be more than five business days prior to or 90 conot meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the ective date is listed, the date must b of filing.)  the date inserted in this block does r	e specific and cannot be more than five business days prior to or 90 conot meet the applicable statutory filing requirements, this date will not be
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