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THE CHARGE FLORIDA

August 26, 2003

BONNIE LIBONATI 315 E. CRYSTAL DRIVE SANFORD, FL 32773

SUBJECT: PAINTING BY DAVE, LLC Ref. Number: W03000024349

We have received your document for PAINTING BY DAVE, LLC and your check(s) totaling \$105.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 303A00048119

TRANSMITTAL LETTER

FILED 03 SEP 15 PM 12: 58

TO: Registration Section Division of Corporations

TALTAPLES SE, FLORIDA

SUBJECT: Painting by Dave LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Baddie Libertofi (Name of Person)

Printing by Dave LLC

315 E Crystal Drive (Address)

Sanfoad, FL 32773
(City/State and Zip Code)

For further information concerning this matter, please call:

Now Roberts
(Name of Person)

at (407) 327-1530 (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

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

FILED ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 5 PM 12: 5

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ARTICLE I - Name:	••
The name of the Limited Liability Company is:	

Painting by Dave, 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:
315 E Caystal Drive	P.O. Box 952384
Sonford FL 32773	Lake Mary, FL 32795
,	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

DAVE KiboNAti	757
Name	
315 E Caystal Duive Florida street address (P.O. Box NOT acceptable)	
Florida street address (P.O. Box NOT acceptable)	
Santond FL 32773 City, State, and Zip	 =
City, State, and Zip	

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..

Registered Agent's Signature

(CONTINUED)

The name and address of each Manage		FIL	ED
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Title:	Name and Address:	. —	
"MGR" = Manager			
"MGRM" = Managing Member		الرونية الدحم	T. H. CEIDA
DAVE LIBERATI	_ 315 E CAYSTAL _ Santead, FL 327	DRIVU 13	
MGRM BONNIE LibENATI	SONFORD FL 327	Duire	
	- 344 VIII 1-E 301		
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		-	
(Use attachment if necessary)			
NOTE: An additional article must l	be added if an effective date is reque	sted.	
REQUIRED SIGNATURE:			
		•	
Signature of a memb	er or an authorized representative of a mer	mber. =	
	ection 608.408(3), Florida Statutes, the execut titutes an affirmation under the penalties of perein are true.		
	bibenati yped or printed name of signee	-	
T	yped or printed name of signee	<u> </u>	-
	Filing Fees:		
	\$100,00 Filing Fee for Articles of Organ		
	\$ 25.00 Designation of Registered Agent	t	
	\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)		