## L03000047003

| (Requestor's Name)                      |
|---|
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| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE OIVISION OF CORPORATIONS

## TRANSMITTAL LETTER

**TO:** Registration Section Division of Corporations

SUBJECT: <u>briffin</u> Painting + Partner LC

(Name of Limited Liability Commany)

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

Please return all correspondence concerning this matter to the following:

Sherry briffin
(Name of Person)

briffin Painting + Partner

49 Clint Shaw Rd.

Perry, F1. 32347

For further information concerning this matter, please call:

Terence brissin at (450) 556 - 23

(Name of Person)

(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:  ARTICLE II - Address: The mailing address and street address of the print  | briffin Painting and Partners ncipal office of the Limited Liability Company is:  |  |
|---|---|--|
| Principal Office Address:   | Mailing Address:  |  |
| Sane  | Perry F1. 32347   |  |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The name and the Florida street address of the registered agent are:                                |   |  |
| Sherry Name  49 Clint Sha Florida street address (P.O. Perry City, State, and Having been named as registered agent and to addiability company at the place designated in this company. | Box NOT acceptable)  FL 3 23 47  Cept service of process for the above stated Builted For extificate, I hereby accept the appointment as  I further agree to comply with the provisions of all ormance of my duties, and I am familiar with and |  |
| 11. 11.   | 41  |  |

(CONTINUED)

| The name and address of each Manag              | ger or Managing Member is as follows:                    |
|---|--|
| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address:  |
| WREW  | Sherry Irriffing   |
| MGRM  | Terence Griffing<br>49, Cint Shaw Rd<br>Perry, F1. 32347 |
|   | · · · · · · · · · · · · · · · · · · ·                    |

ARTICLE IV- Manager(s) or Managing Member(s):

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Sherry brifting
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)