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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (305) 674-3313  
Fax Number : (305) 675-2811

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## LIMITED LIABILITY COMPANY

Sonny Collier, House Painter, LLC

Certificate of Status	0
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

Sonny Collier, House Painter, LLC

**ARTICLE II ADDRESS**

The mailing address and street address of the principal office of the Limited Liability

1350 Pleasant Rest Road

Wewahitchka, FL 32465

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent

Marion K. Collier

1350 Pleasant Rest Road

Wewahitchka, FL 32465

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Having been named as registered agent to accept service of process for the above stated 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Marion K. Collier

Registered Agent's Signature

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by the one or more managers and is, therefore a member-managed company.

**ARTICLE V MEMBERS (optional)**

Managing Member : Marion K. Collier

1350 Pleasant Rest Road

Wewahitchka, FL 32465

Managing Member : Mary F. Collier

1350 Pleasant Rest Road

Wewahitchka, FL 32465:

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Marion K. Collier

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.

Marion K. Collier

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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