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DIVISION OF CORFORATION

SECRULANOSFE, FIORIC

TRANSMITTAL LETTER EFFECTIVE DATE TO: Registration Section Division of Corporations The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: William Hutto Painting L.L.C (Firm/Company) Talla hassee Fl. 3230 (City/State and Zip Code) For further information concerning this matter, please call:

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: William Hutto Pointing 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:
@ 1832 Tand T Rd. 1832 Tand T Rd.
Inthahasse Fl. 22310 Jathhasse Fl. 32310
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
William Hytto
Name / T A
1832 Tand 1 Rd
Florida street address (P.O. Box NOT acceptable)
Tallalvissee FL 32310 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
William De Atto
Registered Agent's Signature

(CONTINUED)

Page 1 of 2

03 DEC -1 PH 1: 02
SECRETARY OF STATE
AND A SSEE, FLORIDA

The name and address o	f each Manager	or Managing Member is a	s follows:
<u>Title:</u> "MGR" = Manager		Name and Address:	EFFECTIVE DATE
"MGRM" = Managing N	Летber		
MGRM		1832 Tarxl- Tallahassee Fl.	T Rd. 32310
 	T.;		LLAHA A
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(Use attachment if neces NOTE: An additional Make date REQUIRED SIGNATU	article must be January f	added if an effective date 보 200년	e is requested.
, , ,	Will	an West	
Signa	fure of a member of	or an authorized representati	ve of a member.
of this	s document constitute facts stated herein	on 608.408(3), Florida Statutes, ites an affirmation under the per n are true.) MEN HATO d or printed name of signee	
; ;		Filing Fees: 5100.00 Filing Fee for Articles 5 25.00 Designation of Regist 5 30.00 Certified Copy (Optio 5 5.00 Certificate of Status (ered Agent onal)

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