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DIVISION OF CORPORATIONS

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## TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: MCDONALD PAINTING + WALLPAPER 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:	
ROBERTE, MCDONALD (Name of Person)	
(Name of Person)	
MCDONALD PAINTING + WALLPAPER LLC (Firm/Company)	-
143 14th Street	
(Address)	03
HOLLY HILL FL 32117 (City/State and Zip Code)	03 DEC 16
For further information concerning this matter, please call:	corporate PH 2

STREET ADDRESS:

TO:

Registration Section

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

at ( 386 ) 615-6288 (Area Code & Daytime Telephone Number)

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:	
MCDONALD PAINTING + WALLPAPER LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Co	ompany is:
Principal Office Address: Mailing Address:	
ROBERTE, MCDONALD 143 14th Street	· HOLLY HEL
	<i>ە</i> د 
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu The name and the Florida street address of the registered agent are:	re:
ROBERTE MCDONALD Name	OIVISION O
143 14th Street	FILE FARY COL
Florida street address (P.O. Box NOT acceptable)	OF STA
HOLLY HILL FLORIDA 32117  City, State, and Zip	ATE ATENS 29

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, Florida Statutes..

Registered Agent's Signature

EFFECTIVE DATE O//01/04

Page 1 of 2 (CONTINUED)

<u>Fitle:</u> MGR" = Manager MGRM" = Managing Member	Name and Address:
MANAGER MEUBER	ROBERTEHCDONALD  143 144 Street  HOLLY HILL FL 32117
Jse attachment if necessary)	23 DEC 16
OTE: An additional article mu EFFECTIVE DATE J REQUIRED SIGNATURE:	st be added if an effective date is requested.  ANUARY 1, 2004

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

Filing Fees:

X \$100.00 Filing Fee for Articles of Organization

x \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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

Typed or printed name of signee

that the facts stated herein are true.)