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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | |
|--|--------------------------|
| SUBJECT: Robert Frank Painting 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 | , <u>a</u> |
| Robert L. Evans (Name of Person) | |
| Robert Evans Painting LLC | OH JAI SECIA SECIA |
| 205 James Court | ASSEE. |
| (Address) Winter Springs = F/2 32>08 (City/State and Zip Code) | U: 28 |
| For further information concerning this matter, please call: | |
| Pober 1. From S at (Y0) 69-542 (Area Code & Daytime Telephone Num | -/ |

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: | | |
|--|--------------------------|--|
| Robert Evans Painting 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: | |
| 205 James Court | 205 James Court | |
| Winter Springs, FL 32708 | Winter Springs, FL 32708 | |
| | | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Robert L. Euons Name 2017ames Court Florida street address (P.O. Box NOT acceptable) Winter Sormas - FLORIDA 32706 | | |
| 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, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> | Name and Address: | |
|---|---|--|
| "MGR" = Manager | | |
| "MGRM" = Managing Member | | |
| MGR | Robert L. Evans 205 James Court Winter Springs, FL 32708 | |
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| (Use attachment if necessary) | | |
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| NOTE: An additional article must be added if an effective date is requested. | | |
| REQUIRED SIGNATURE: | 4 . | |
| (AM) | 2 | |
| Signature of a member or an au | thorized representative of a member. | |
| ~ | ~ | |
| (In accordance with section 608.4 of this document constitutes an at that the facts stated herein are tru | 408(3), Florida Statutes, the execution ffirmation under the penalties of perjury e.) | |
| Robert L. E. | nted name of signee | |

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)