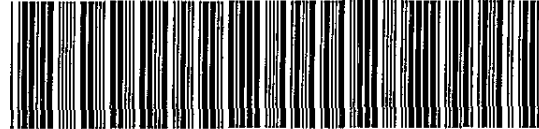


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04 JAN 26 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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01/26/04--01055--012 \*\*190.00

(Requestor's Name)

(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:

Office Use Only

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_  
(Name of Limited Liability Company)

**FILED**  
04 JAN 26 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
*Ken Cleland*  
(Name of Person)

\_\_\_\_\_  
*Preferred Painting, LLC*  
(Firm/Company)

\_\_\_\_\_  
*P.O. Box 896 Ocala, FL.*  
(Address)

*34478*  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
*Ken Cleland* at ( *352* ) *236-7650*  
(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**

**FILED**

04 JAN 26 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Preferred Painting, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

5038 SE 27th St.  
Ocala, FL.  
34470

**Mailing Address:**

P.O. Box 896  
Ocala, FL.  
34478

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Ken Cleland  
Name

Florida street address (P.O. Box **NOT** acceptable)

5038 SE 27th St.

FLORIDA

City, State, and Zip

Ocala, FL. 34470

*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..*

Ken Cleland  
Registered Agent's Signature

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

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

**FILED**

04 JAN 26 PM 2:49

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGR

Ken Cleland

P.O. Box 896

Ocala, FL. 34478

5038 SE 27th St.

OCALA FL 34471

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

*Ken Cleland*

**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.)

Ken Cleland

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)**

**\$ 5.00 Certificate of Status (Optional)**