

Florida Department of State

Division of Corporations Public Access System

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To

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

From:

Lorent Moons : CIMMAN CENTRE, 188.

LIMITED LIABILITY COMPANY

Lee Unde Custom Pointing and Refinishing LLC

Certificate of Status	9
Certified Copy	0
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Estimated Charge	\$125,00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Lee Huels Custom Painting and Refinishing, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 220 Bradley Drive

Fort Walton Beach, Florida 32547

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

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

Lee Huels	
Nar	ne
220 Bradley Drive	
Florida street address ()	P.O. Box NOT acceptable)
Fort Walton Beach,	FL 32547
City, Sta	ite, 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.

Zo. A 402 Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Signature of a member or an anthorized 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.)

Lee Huels

Typed or printed name of signee

Elling Fees:

\$190.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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