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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ROBERT HOLLAND 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: ROBERT HOWAND (Name of Person)	
ROBERT HOLLAND PAINTING LLC (Firm/Company)	
3212 PLUMTREE DEINE (Address)	
JACKSONVILLE FL 32277 (City/State and Zip Code)	
For further information concerning this matter, please call:	FO SEANG
ROBECT HOLLAND at (904) 654. Z484 (Name of Person) (Area Code & Daytime Telephone Number)	CRETARY OF
	OF STATE

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

The name of the Limited Liability Company is:	
ROBERT HOLLAND PAINTING	a 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:
3212 PLUMTREE DRIVE	SAME
JACKSONVILLE FL	
31171	
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registered ROBERT HOLLAND Name 3212 Punttree Florida street address (P.O. Box No. 1987) JACKSONVILLE FLORY, State, and Zip	SECRETARE 3

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:

Title: "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member '' MGR	Michael Harlley 9321 Holland Rd. 32211 Jax Fl.	- - -	
		- - -	-
(Use attachment if necessary)		04 FEB 1:	SECRETA
NOTE: An additional article must be a	added if an effective date is requested.	3 AM 9: 35	CED STATE
Signature of a member or an aut	thorized representative of a member. 108(3), Florida Statutes, the execution firmation under the penalties of perjury		~~

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

that the facts stated herein are true.)

ROBERT HOUAND
Typed or printed name of signee

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)