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(Requestor's Name)	
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(City/State/Zip/Phone #)	
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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Sampson's Quality Pointing UC (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:
Sames Sampson (Name of Person)
Sampson's Quality Painting LC
256 Whidden Lake Rd
Crawfordville Florida 32327 (City/State and Zip Code)
For further information concerning this matter, please call:
Same Sampson at (850) 529-0707 (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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 12, 2004

JAMES SAMPSON SAMPSON'S QUALITY PAINTING LLC 256 WHIDDON LAKE RD CRAWFORDVILLE, FL 32327

SUBJECT: SAMPSON'S QUALITY PAINTING LLC

Ref. Number: W04000010035

We have received your document for SAMPSON'S QUALITY PAINTING LLC and your check(s) totaling \$105.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$20.00.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 104A00016699

Michelle Hodges Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Sampson's Quality Painting	UC
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
James Sempson	PO. Box 831
256 Whidden Lake Rd	C'. ville, FL. 32326
C'ville, FL 32327	
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered Sampson Name 756 Wh.ddon Lak Florida street address (P.O. Box NO	e ld
Crawfordville, FLC City, State, and Zip	ORIDA 32327

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:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	James Sampson
•	PO BCX 831
	Civille, th 32326
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(Use attachment if necessary)	
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NATIONAL AND AND AND ASSESSMENT OF THE SAME OF THE SAM	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
ALQUIALD SIGNATURE.	
lames	Sam Doma
Signature of a member or an ar	thorized representative of a member.
(In accordance with section 608. of this document constitutes an a that the facts stated herein are true.)	408(3), Florida Statutes, the execution ffirmation under the penalties of perjury (e.)
Jamas	Sampson
- Saws Typed or pri	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)