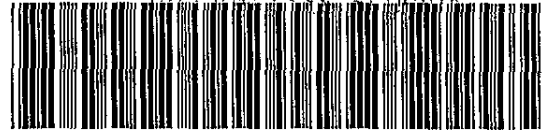


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



300032938073

Jacobs  
120 Lt. Mariam Way  
Winter Haven, FL 33884

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**FILED**

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**ARTICLE I – NAME:**

The name of the Limited Liability Company is: American Painting, LLC  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE

**ARTICLE II – ADDRESS:**

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

**Principal Office Address**

120 Lake Mariam Way  
Winter Haven FL 33884

**Mailing Address**

120 Lake Mariam Way  
Winter Haven FL 33884

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:**

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

\_\_\_\_\_  
James R. Jacobs  
Name

\_\_\_\_\_  
120 Lake Mariam Way  
Florida street address (P.O. Box **NOT** acceptable)

\_\_\_\_\_  
Winter Haven FL 33884  
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 do 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

**ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S):**

**FILED**

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

**Title**

**Name and Address**

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"MGR" = Manager

"MGRM" = Managing Member

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<u>MGR</u>	<u>James R. Jacobs</u>
	<u>120 Lake Mariam Way</u>
	<u>Winter Haven FL 33884</u>

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

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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 penalties of perjury that the facts stated herein are true.)

James R. Jacobs  
\_\_\_\_\_  
Typed or printed name of signee

**FILING FEES:**

<b>\$100.00</b>	<b>Filing Fee for Articles of Organization</b>
<b>\$ 25.00</b>	<b>Designation of Registered Agent</b>
<b>\$ 30.00</b>	<b>Certified Copy (optional)</b>
<b>\$ 5.00</b>	<b>Certificate of Status (optional)</b>