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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	·	· · · · · · · · · · · · · · · · · · ·		
SUBJECT: PANHANDLE (Nam	PAINT WORKS	L.L.C.		ng sagar di
The enclosed Articles of Organization and fe	e(s) are submitted for filing			
Please return all correspondence concerning	this matter to the following:			
TIMOTHY E. (Name of Person)	PANE	<b>*</b> . *		-
(Name of Person)			•	0 9
				A JI
PANHANOLE PAINTUC (Firm/Company)	orks LL.C.		•	04 JUL -9 PM 2:56
(Firm/Company)				corr
				<b>1</b> 2
148 DERBY WOODS (Address)	DR.		• •	2: 56
(Address)				į
LYNN HAVEN, Fl. (City/State and Zip	32444	p		
(City/State and Zip	Code)			
For further information concerning this matte	r please call:			
TIM BANE		271-08		
(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

The name of the	Limited Liabi	lity Company is:		
PANH	ANOLE	PAINTWORKS	LL.C.	
ARTICLE II - A	ddress:			
The mailing addre	ess and street	address of the principal office	of the Limited Liability Company is	s:

Principal Office Address:	Mailing Address:
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**ARTICLE I - Name:** 

148 DERBY WOODS DR.	 148 DERBY WOODS DR.
LYNN HAVEN, FL. 32444	 LYNN HAVEN, FL 32444

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

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

TIM BANE	
Name	64, 19 SINIG
148 DERBY WOODS DRIVE  Florida street address (P.O. Box NOT acceptable)  LYNN HAVEN FL 32444	SIGNATION COR
City, State, and Zip	PORA PORA
Having been named as registered agent and to accept service of process for the above stat liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provistatutes relating to the proper and complete performance of my duties, and I am familiar vaccept the obligations of my position as registered agent as provided for in Chapter 608, I	nt as isions of all with and
Registered Agent's Signature	<u>.</u>

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	TIM BANE 148 DERBY WOODS DR. LYNN HAVEN, FL 32444
(Use attachment if necessary)	

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

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

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)