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(Requestor's Name)
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PICK-UP WAIT MAIL
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TALLAH MEE E SICRIDA



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ordon Powell Painting LL (Name of Limited Liability Company)	C
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Gordon Powell (Name of Person)	
Gordon Powell Painting	
18900 Blounstown Hwy.	TALL AHATA
Tall, FL. 32310 (City/State and Zip Code)	04 JUL 16 PM 2: 21
For further information concerning this matter, please call:	12
Gordon Powell at (850) 504 0646 (Name of Person) at (850) 40646	
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
STREET ADDRESS: Beginnering Section Beginnering Section	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gordon Powell Painting LLC

ARTICLE II - Address:

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

Principal Office Address:

18900 Blountstown Hwg.

Mailing Address:

18900 Blourstown Hwg Tall, FL 32310

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

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

Gordon!

Name

18900 Blounstown H

Tall, F

City, State, and Zip

04 JUL 16 PH 2: 2

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..

Registered Agent's Signature

(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:	-
merm_	Gordon POWELL 18900 Blownstown	Hwy,
merm_	Gordon fowell 18900 Blourstown Tall, FL 32310	Hwy,
<u> </u>		
· · · · · · · · · · · · · · · · · · ·		
(Use attachment if necessary)		-
NOTE: An additional article must	be added if an effective date is requested.	- 7
REQUIRED SIGNATURE:		SECRE ALLAH 04 JUL
Signature of a mem	ber or an authorized representative of a member.	TARY OF S
(In accordance with a of this document corthat the facts stated h	section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury herein are true.)	CRIDA
Gordon	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)