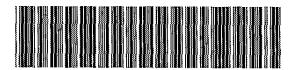
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SECRETARY OF SIME ALCHION

14 JUL 19 PH 1:43

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations					
SUBJECT: HuTTO S (Name of Lim	RIN+ing	L L pany)	<u>C</u>		
The enclosed Articles of Organization and fee(s) are s	_				
Bill Hatto (Name of Person)					
Hutto's Daintins (Firm/Company)					04
4449 forley LAND			-		04 JUL 19 PM 1:50
TAllahance fl 32316 (City/State and Zip Code)	0			···	M 1: 50
For further information concerning this matter, please	call:				
Bill Hutto (Name of Person)	at (850) (Area Code &	)UU Daytime Tele	3 - 89 ( phone Number)	0	
Enclosed is a check for the following amount:					
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & ☑ Certificate of Status	\$155.00 Filing F Certified Copy (additional copy is e		\$160.00 Filing Certificate of Certified Copy (additional copy	Status &	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399		MAILING A Registration Division of ( P.O. Box 63) Tallahassee,	Section Corporations		

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

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Hutto's Painting 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:

4449 farky Lane 4449 farky LA Tallahassee, FL 32310 7A11 +1 32310

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

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

Bis Hullo Name

4449 Far ey LANE
Florida street address (P.O. Box NOT acceptable)

TAllahasse & PI FL 323/0
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 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..

SECRETARY OF STATE PALLAHASSEE, FLORIDA O4, JUL 19 PM 1:50

Registered Agent's Signature

(CONTINUED)

	nager(s) or Managing Member(s): ss of each Manager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managi	Name and Address:
MARM	Bill HyTTO 4449 farley LA 32310 Tallahassee, FL
(Use attachment if no	
REQUIRED SIGNA	nal article must be added if an effective date is requested.  ATURE:
() c	ignature 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)