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(Re	equestor's Name)
(Ac	ddress)
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(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bi	usiness Entity Name)
(Dc	acument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: Building Painting Unlimited LLC (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:

Janice E Rowland
(Name of Person)

Building Painting Unlimited LLC

P.O.Box 2493
(Address)

Tallahassee, FL 32316-2493

For further information concerning this matter, please call:

Richard MozeKo

at (850) 350-8991

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

AR	ricl)	ΕI	- N	ame	:
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The name of the Limited Liability Company is:

Building Painting Unlimited LLC

ARTICLE II - Address:

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

Principal Office Address:

2500 Rainey Allen Rd

Tallahassee, FL

32310

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

Janice E Rowland

Mailing Address:

Mailing Address:

PO Box 2493

Tallahassee, FL

32316-2493

FROM Danice E Rowland

Name

2560 Rainey Allen Rd
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32310

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..

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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	Janice E Rowland PO Box 2493 Tallahassee, FL 32316-2493		
MGRM	Richard G Mozeko PO Box 2493 Tallahassee, FL 32316-2493		
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(Use attachment if necessary)	D Con September of the control of th		
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.)

nice E Rowland
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)