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## TRANSMITTAL LETTER

Registration Section

Division of Corporations

Division of Corporations

Tallahassee, Florida 32399

409 E. Gaines Street

The enclosed Articles of Organization and fee(s) as	e submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Steve Buckly (Name of Person)	2
Steve Buckin	Paintings
151 Ofter LAKE	ZD.
PANACEA, FL 3 (City/State and Zip Code)	2346
For further information concerning this matter, ple	ase call:
Steve Buckling (Name of Person)	at (\$50) 984-2230 (Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

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SECRETARY OF STATE

## ARTICLE I - Name: The name of the Limited Liability Company is: Steve Bullian Painting (Liability Company is: ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Mailing Address: Mailing Address: Physical Resistered Agent, Registered Office, & Registered Agent's Signature? ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature? The name and the Florida street address of the registered agent are: Steve Bullian Name Florida street address (P.O. Box NOT acceptable) Physical Registered Agent Agent's Signature? Florida street address (P.O. Box NOT acceptable) Physical Registered Agent Agent's Signature? 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)

	anager(s) or Managin ress of each Manager or	<b>g Member(s):</b> r Managing Member is as	follows:	
<u>Title:</u> "MGR" = Manage "MGRM" = Mana	r	Name and Address:		·
MERM	eministrative and the company of the	Steve To	LANCE PI	2
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(Use attachment if	`necessary)			AH 9: 54
NOTE: An addit	ional article must be a	idded if an effective dat	e is requested.	
REQUIRED SIG	Sheke	r an authorized representati	ve of a member.	
	of this document constitute that the facts stated herein	n 608.408(3), Florida Statutes es an affirmation under the peare true.)  Le De Le		Nov
	\$ \$	Filing Fees: 100.00 Filing Fee for Article 25.00 Designation of Regist 30.00 Certified Copy (Opti 5.00 Certificate of Status	tered Agent onal)	