| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (Address) | | | |
| | | | |
| (City/State/Zip/Phone #) | | | |
| ☐ PICK-UP WAIT . ☐ MAIL | | | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
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| Acknowledgement EUC | | | |
| W. P. Verifyer UCC | | | |



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FILED 2004 AUG 30 PM 1: 55

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations SUBJECT: | rainto 240 | |
|---|--|---|
| | Limited Liability Company) are submitted for filing. | |
| Please return all correspondence concerning this n | natter to the following: | |
| Boulded Rufins (Name of Person) | · · · · · · · · · · · · · · · · · · · | |
| Firm/Company) | | FILLU 2004 AUG 30 PI SECRETARY OF TALLAHASSEE, |
| 4005 Roberts 10 | 21 | PM 1: 55 Y OF STATE EE, FLORID |
| 1211 + 329 (City/State and Zip Code | 30) | Dr. G |
| For further information concerning this matter, ple | ease call: at (250) 59/2336 (Area Code & Daytime Telephone Number) | |
| STREET ADDRESS: | MAILING ADDRESS: | |

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, Florida 32314

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | 1 |
|---|------------------------------------|
| The name of the Limited Liability Company is: | |
| BAR paints 11C | |
| ARTICLE II - Address: | *** |
| The mailing address and street address of the principal office of the | Limited Liability Company is: |
| Principal Office Address: Mailing A | ddress: |
| 4005 Roberts RA 4005 | Roberts Rd |
| Tallahasse Fl Tal | Lohassu Fl |
| <u> 106665</u> | #0£6E |
| ARTICLE III - Registered Agent, Registered Office, & Register | TAGE Agent's Signature AHASSE |
| The name and the Florida street address of the registered agent are: | UG 30 PH HASSEE, |
| Dernand Rutton | m – |
| JOOK Potents Rd | PM 1: 55 OF STATE OF FLORIDA |
| Florida street address (P.O. Box NOT acceptable) | > 0: |
| TOPM MASSICE FITTIA - | |
| City, State, and Zip 52300 | |

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)

| The name and address of each Manager of | r Managing Member is as follows: |
|---|--|
| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
| mgrm_ | Bernard Pufful 4005 Roberts That Fla 32301 32301 |
| (Use attachment if necessary) | FLORIDA |
| (In accordance with section | r an authorized representative of a member. in 608.408(3), Florida Statutes, the execution |
| of this document constitute that the facts stated herein Typed F S S S | es an affirmation under the penalties of perjury |

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