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(Re	equestor's Name)	
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, (Cit	ty/State/Zip/Phone	» #)
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104-65963

TRANSMITTAL LETTER

409 E. Gaines Street

Tallahassee, Florida 32399

TO: Registration Section Division of Corporations
SUBJECT: SONNY Collier, House Painter, 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:
MARION Y. Collier (Name of Person)
SONNY Collier House Painter, LLC (Firm/Company)
1350 Pleasant Rest Road (Address)
Wewakitchka, 4Lorida 32465 (City/State and Zip Code)
For further information concerning this matter, please call:
MARY F. Collier at (850) 648-5916 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\square\$ \$\squa
STREET ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SONNY Collier House Painter

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1350 Pleasant Rest Road

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

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

MARION K. Collier

Florida street address (P.O. Box NOT acceptable)

Wewahitchka FL 32465 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.

(CONTINUED)

REQUIRED SIGNATURE:

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:
MG-R	MARION K. Collier 13.50 Pleasant Rest Road Wewshitchka, 4e 32465
(Use attachment if necessary)	
NOTE: An additional article must b	pe added if an effective date is requested.

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.)

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)