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(R	equestor'	s Name)
(A	ddress)	
(A	ddress)	
(C	ity/State/z	Zip/Phone #)
PICK-UP		
(B	usiness E	Entity Name)
(D	ocument	Number)
Certified Copies	_ Ce	ertificates of Status
Special Instructions to	Filing Of	ficer:
Name Availability		
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SECRETARY OF STATE

TRANSMITTAL LETTER

TO:

TO:	Registration Se Division of Cor						
SUBJI	ECT: FRANK N	MENNETT PAINTING L.L. (Name of Limited		onany)			
		(Name of Limited	LIADINIY CON	npany)			
The en	closed Articles of	Organization and fee(s) are su	ibmitted for fil	ing.			
Please	return all corresp	ondence concerning this matter	r to the followi	ing:			
	FRANK	M BENNETT	T (CD)				
		9)	lame of Person)				
FRA	NK M BENNET	T PAINTING L.L.C.					
		(f	irm/Company)				
	202 E GARI	DENIA DR					
	202 C OAI	JUNIO DE	(Address)		· · · · · · · · · · · · · · · · · · ·		
	ORA	NGE CITY FL 32763	State and Zip Co	viet	·		
		(OLY)	omic and Esp Co	an,			
For fur	ther information	concerning this matter, please	call:				
FRAN	K M BENNETT		at (386	917-0138			
	(Name	of Person)	(Area C	ode & Daytime Te	elephone Numb	er)	
Enclos	sed is a check fo	r the following amount:					
3 \$125	.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	Certified Co	Filing Fee & oppy by is enclosed)	Certificate Certified C	of State Copy	ıs &
	Regist Divisio 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assee, Florida 32399		MAILING AI Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection THO	2005 JAN 20 P 3 15	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
FRANK M BENNETT PAINTING L.L.C.	
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
202 E GARDENIA DR	
ORANGE CITY FL 32763	SAME
ARTICLE III - Registered Agent, Registered	I Office, & Registered Agent's Signature:
The name and the Florida street address of the	
FRANK M BENNETT	
Name	
202 E GARDENIA DR	
Florida street add	dress (P.O. Box NOT acceptable)
ORANGE CITY	FL 32763
City, State,	and Zip
liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete po	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S. Signature Signature Signature Signature

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>		Name and Address:	
'MGR" = Mana	ager		
'MGRM'' = Ma	anaging Member		
MANAGER		FRANK M BENNETT	
		202 E GARDENIA DR	
		ORANGE CITY FL 32763	·····
· ·n-			
·			
-			
	············	***************************************	
		. ,	· · · · · · · · · · · · · · · · · · ·
(Use attachmen	it if necessary)		
NOTE: An ad	ditional article must	be added if an effective date is req	uested.
REQUIRED S	ICNATUDE:		
KEQUIKED S	x Frank	& Bennett	
	Signature of a membe	r or an authorized representative of a me	mber.
	(In accordance with sec of this document consti that the facts stated h	ction 608.408(3), Florida Statutes, the execu itutes an affirmation under the penalties of p terein are true.)	tion erjury
	FRANK M BENNET		14T 18
	Ту	ped or printed name of signee	
Filing Fee	<u>:s:</u>		HAS HAS

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE.