## L050000/3339

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2005 FEB -3 PH 2: 57
2005 FEB -3 PH 2: 57
2007 ANASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pain TWORKS By Wayne 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:
Wayne L. Sechser (Name of Person)
Paint works by Warve LLC Firm/Company)
5288 Cedar RD (Address)
5T. AUGUSTING FL 32080 (City/State and Zip Code)
For further information concerning this matter, please call:
WayNe L. Sechser at (904) 471-8760 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \]  \$\ \text{Status} \]  \$\ \text{Status} \]  \$\ \text{Certified Copy} \ (additional copy is enclosed)}  \$\ \text{Certified Copy} \ (additional copy is enclosed)}  \$\ \text{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		
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
表示 w		
PainTworks By Wayne LLS		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company 3;		
Principal Office Address: Mailing Address:		
Wayne L. Sechser Wayne L. Sechser  5288 Cedar Road  57. Aubustme, FL  32080  ST. Aubustme, FL  32080		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:		
The name and the Florida street address of the registered agent are:		
Wayne L. Sechser Name		
5288 Cedar R.D.  Florida street address (P.O. Box NOT acceptable)		
5T. AUbus Twe FL		

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..

32-080

Registered Agent's Signature

City, State, and Zip

(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:
M G-R	Wayne L. Sechser 5288 Cedar RD ST. AUGUSTINE, FL 32080
	2005 FEB -3
	SEE FLORID
(Use attachment if necessary)	P. S. C.
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	

1/2/2 1 1/2 6

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.)

Wayne L Sechser
Typed or printed name of signee

Filing Fees:

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

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