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TRANSMITTAL LETTER

| Division of Corporations |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: Mach's Drytpall and texture 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: |
| Casey mack Goodson Sn (Name of Person) |
| Mach's Drywell and texture (Firm/Company) |
| 2.337 tonyny Locky Rd. (Address) |
| For further information concerning this matter, please call: Caser Mack Goodson Sr at (850) 228-1677 25 22 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$125.00 Filing Fee \$\Bar{1}\$\$\$\$ \$130.00 Filing Fee & \$\Bar{2}\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$ |
| For further information concerning this matter, please call: |
| Caser Mack Goodson Sr at (850) 228-1677 57 8 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$\begin{align*} \Boxed{1} \\$125.00 \text{ Filing Fee} \\ \Certificate of Status \\ \Certificate of Status \\ \text{(additional copy is enclosed)} \end{align*} \Boxed{1} \\$160.00 \text{ Filing Fee} \& \Certificate of Status \& |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street 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: The name of the Limited Liability Company is: Annuall and texture LLC **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: Principal Office Address: ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Consey MCCK Recolson Sr 1337 tommy Lacky Rd Florida street address (P.O. Box NOT acceptable) Tellehassee FL 32301 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 Imm familiar with and accept the obligations of my position as registered agent as provided for in Chapter 808, F.S..

(CONTINUED)

Page 1 of 2

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

| Title: "MGR" = Manager "MGRA" = Manager | Name and Address: |
|-----------------------------------------------|-----------------------------------------------------------------------------|
| "MGRM" = Managing Member MG /** | Casey Mack Goodson, 2327 tommy Laciny 20. taliahassee F1. 3230 |
| | |
| | |
| (Use attachment if necessary) | |
| NOTE: An additional article mus | st be added if an effective date is requested. |
| REQUIRED SIGNATURE: | |
| Signature of a mem | ber or an authorized representative of a member. |
| of this document con that the facts stated | nstitutes an affirmation under the penalties of perjury a herein are true.) |
| Casey | Typed or printed name of signee |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: