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SECRETARY OF STATE

TRANSMITTAL LETTER

	Division of Corporations	
`	SUBJECT: PAUL HORN'S PAINTING 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:	
	PAUL HORN	
	(Name of Person)	_
	PAUL HORN'S PAINTING LLC (Firm/Company)	
	(Time Sampany)	
	5450 CLINT MASON RD	ĭ≱s s
	(Address)	APP S
		TARY OF TASSEE,
	CRESTVIEW, FL 32539 (City/State and Zip Code)	15 AMII: 4 ARY OF STAT SSEE, FLORE
		STA H
	For further information concerning this matter, please call:	対形も
	PAUL HORN at (850) 423-0817	
	(Name of Person) (Area Code & Daytime Telephone Numb	er)
	Enclosed is a check for the following amount:	 .
	\$125.00 Filing Fee X \$130.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ру
	STREET ADDRESS: MAILING ADDRESS:	
	Registration Section Registration Section Division of Corporations Division of Corporations	
	409 E. Gaines Street P.O. Box 6327 Tallahassee, Florida 32399 Tallahassee, Florida 3231	4

PAUL HORN'S PAINTING LLC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:
PAUL HORN'S PAINTING LLC	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
PAUL HORN'S PAINTING LLC	PAUL HORN'S PAINTING LLC
5450 CLINT MASON RD	5450 CLINT MASON RD
CRESTVIEW, FL 32539	CRESTVIEW, FL 32539
ARTICLE III - Registered Agent, Regis	stered Office, & Registered Agent's Signature:

PAUL C HORN

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

Name

5450 CLINT MASON RD

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

CRESTVIEW

_FL__32539

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..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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

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

R	PAUL C HORN 5450 CLINT MASON RD CRESTVIEW, FL 32539
	OKESTVIEW, TE SESS
·····	

REQUIRED SIGNATURE:

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.)

PAUL C. HORN

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)