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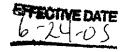
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TRANSMITTAL LETTER

	on Section of Corporations		
SUBJECT: WILL	IAM DAVIS PAINTING, LLC		
		ted Liability Company)	
The enclosed Artic	les of Organization and fee(s) are	submitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
WIL	LIAM DAVIS		
		(Name of Person)	
WILLIAM DAVI	S PAINTING, LLC		
		(Firm/Company)	
450 SC	EPTER CT	(Address)	TASE 95
		(riddless)	AND ENT
ı	CANTONMENT, FLORIDA 325	533	ASSI ASSI
_		ty/State and Zip Code)	Fig. 3
For further inform	ation concerning this matter, pleas	se call:	FILED 5 JUN 27 PH 2: 12 ECKE LANT C. FLORIDA ALLAHASSEE, FLORIDA
WILLIAM DAVIS		at (850) 698-6325	
(Name of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a che	ck for the following amount:		
7 \$125.00 Filing	Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
I I	STREET ADDRESS: Registration Section Division of Corporations US F. Gaines Street	MAILING A Registration S Division of C	Section orporations

Tallahassee, Florida 32314

Tallahassee, Florida 32399



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	:			
The name of the Limited Liability Company	18:			
WILLIAM DAVIS PAINTING, LLC		·		
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liab	ility Con	npany	is:
Principal Office Address:	Mailing Address:			
450 SCEPTER CT CANTONMENT, FLORIDA 32533	450 SCEPTER CT CANTONMENT, FLORIDA 32533			
ARTICLE III - Registered Agent, Register	red Office, & Registered Agent's S	ignature	:	
The name and the Florida street address of th	ne registered agent are:			
WILLIAM DAVIS	· · · · · · · · · · · · · · · · · · ·			
Nau	me			
450 SCEPTER CT				
Florida street	address (P.O. Box NOT acceptable)			
CANTONMENT, FLORIDA				
City, Stat	te, and Zip			
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby accept the a acity. I further agree to comply with the eperformance of my duties, and I am f	appoi <mark>nim</mark> se provisi amiliar v	ent as ons o vith ar	s fall nd
Milhain Registered Age	M. Caux ant's Signature	SECRETAINT TALLAHASSE	05 JUN 27	FILED
(CONT	INUED)		P	D

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:

<u> Fitte:</u>	Name and Address:
'MGR" = Manager	
'MGRM" = Managing Member	
MGRM	WILLIAM DAVIS
	450 SCEPTER CT
	CANTONMENT, FLORIDA 32533
•	
	-
(Use attachment if necessary)	
NOTE: An additional article	must be added if an effective date is requested.
REQUIRED SIGNATURE:	
,	
11.1.1	1. OF)
- Wall	an I care
Signature of a m	nember or an authorized representative of a member.
	rith section 608.408(3), Florida Statutes, the execution
	constitutes an affirmation under the penalties of perjury tated herein are true.)
THE LAW TOOLS S	carrie activities at the state of the state

Filing Fees:

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

WILLIAM DAVIS

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

5 JUN 27 PH 2: 12
ECRETALITY OF STATE

Typed or printed name of signee

ADDITIONAL ARTICLE

WILLIAM DAVIS PAINTING, LLC 450 SCEPTER CT CANTONMENT, FL 32533

ARTICLE V- EFFECTIVE DATE WILL BE 06-24-2005

5 JUN 27 PM 2: 1