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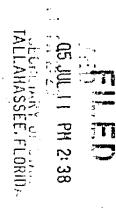
(Re	equestor's Name)		
(Address)			
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PICK-UP	Wait	MAIL	
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(Document Number)			
Certified Copies	_ Certificates	of Status	
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TRANSMITTAL LETTER

	stration Section sion of Corporations			
SUBJECT: _	(Name of Limite	ed Liability Company)		
The enclosed	Articles of Organization and fee(s) are s	submitted for filing.		
Please return a	all correspondence concerning this matte	er to the following:		
	ANTHONY	SASS (Name of Person)		
	Tovey's PA;	WtiNG (Firm/Company)		
_	4813 CASY	(Address)		
For further inf	ormation concerning this matter, please	call:		
JANI	(Name of Person)	at (850) 567 (Area Code & Daytime Te	lephone Number)	
Enclosed is a	check for the following amount:		05 IALL	
□ \$125.00 Fi	ling Fee \$\Bigsilon\$ \$130.00 Filing Fee & Certificate of Status	 		
	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING AI Registration S Division of Co P.O. Box 6327	ection CO orporations	

Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: LLC IONEY'S PAINTING **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address: Mailing Address:** HOME ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Tokey SASS 4813 <u>CASY Sf</u>
Florida street address (P.O. Box <u>NOT</u> acceptable)

TAIIA FL 32303
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 Lam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608; F.S.

500CV SASS

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MER.M	TONEY SASS 4813 SASV THUA FLA 03
(Use attachment if necessary) NOTE: An additional article must be	e added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member o	or an authorized representative of a member.
(In accordance with section	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of periory cin are true.)
Toney	SASS d or printed name of signee
Filing Fees:	ration and Decignation
\$125.00 Filing Fee for Articles of Organiz of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ration and Designation CORD 2: 38