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PICK-UP WAIT MAIL
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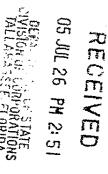


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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Flying Tigers Plain ting, 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:
Brian Scott Famel (Name of Person)
Flying ligers Painting
2489 Talco Hills Oc #B
Tallahasse Florida 32303 (City/State and Zip Code)
For further information concerning this matter, please call:
Brian Face // at (850) 251-2686 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$155.00 Filing Fee & Certificate of Status & 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:

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2489 Talco Hills Or. #B

Tallahassre, Florida 32303

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Brian Scott Farce | Name

2489 Talco Hills Or. #B

Phorida street address of the registered agent are:

Brian Scott Farce | Name

2489 Talco Hills Or. #B

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

Tallahassre FL 32303

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..

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(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:
Manager Member	Brian Snott Face// 2489 Talco Hills Dr #B Tallahassee Fl. 32303
MGRM	Owen Wittenberg 1208 Midden Place Tallahassee, FL 32304
(Use attachment if necessary) NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
<i>V</i>	an authorized representative of a member 28 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
of this document constitute that the facts stated herei	s an affirmation under the penalties of perjury ? ?
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)