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Greetings,

Enclosed please find Articles of Organization for my Paint Contracting business. All requirements for licensing in Lee County have been met so I am ready to organize and begin painting. Please return letter of acknowledgment of registration as soon as possible so I may move forward with no further delay. Thank you for your time and consideration on this matter.

David McCawley

11370 Royal Tee Circle Cape Coral, Florida 33991

239-443-9389

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	-
SUBJECT: David McCawley Pro (Name of Limited Li	Sessional Painting LLC ability Company)
The enclosed Articles of Organization and fee(s) are subm	itted for filing.
Please return all correspondence concerning this matter to	the following:
David McCau	e of Person)
David Mc Cawley Profession	nal Painting LLC
11370 Royal	Tee Circle
Cape Coral (City/State	FL 33991  e and Zip Code)  ALLAHASSEE, FLORIE  139  139  1443-0389
For further information concerning this matter, please call:	EFG P
David McCawley at (Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status C	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certified Copy dditional copy is enclosed)  □ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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

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:				
David Mc Cawley Professional 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:			
11370 Royal Tee Circle Cape Coral FL 33991	11370 Royal Tee Circle Cape Coral FL 33991			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:				
The name and the Florida street address of the registered agent are:				
David M Mc Cawley Name				
11370 Royal Tee Circle Florida street address (P.O. Box NOT acceptable)				
Cape Coral FL 3.3991 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	HASSI I			
(CONTINU	JED)			

Page 1 of 2

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

Title: "MGR" = Manage "MGRM" = Mana		Name and Address:
MGRM	<u> </u>	Judy W Mc Cawley 11370 Royal Tee Circle Cape Caral FL 33991
	<u> </u>	
	<del>_</del> · · ·	
(Use attachment is	f necessary)	
NOTE: An addi	tional article must be	added if an effective date is requested.
REQUIRED SIG	NATURE:	
	Signature of a memiler or	an authorized representative of a member.
	(In accordance with section of this document constitute that the facts stated herein	608.408(3), Florida Statutes, the executions an affirmation under the penalties of perjuty of a are true.)
	Judy WA-	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)