

(Requestor's Name) (Address)	900057844019
(City/State/Zip/Phone #)	08/01/05~-01043-~002 **250
(Business Entity Name) (Document Number)	M. HODGES M. HODGES M. HODGES TALLAHASSEE, I
Certified Copies Certificates of Status Special Instructions to Filing Officer:	-1 PM 1: 33
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TRANSMITTAL LETTER

TO:

Registration Section

Division of Corporations

Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

SUBJECT: Alfred's Painting + Pressure Washing 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:
Alfred Henry Fedd (Name of Person)
Alfred's Painting & Pressure Washing LLC (Firm/Company)
3924 Ella Drange Road
Donal spayille Ga 39845 (City/State and Zip Code)
For further information concerning this matter, please call:
Herri Jones at (229) 220-9247 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section 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:	
Alfred's Painting 4	Pressure Washing 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:
3924 Fila Drange Rd Danalsonville, 62 39845	3924 Ella Drange Road Depalsonville Go 39845
ARTICLE III - Registered Agent, Registered O	office, & Registered Agent's Signature:
The name and the Florida street address of the region of t	Feeld Box NOT acceptable)
Having been named as registered agent and to accliability company at the place designated in this ce registered agent and agree to act in this capacity, statutes relating to the proper and complete perfor accept the obligations of my position as registered	ertificate, I hereby accept the appointment as I further agree to comply with the provisions of all mance of my duties, and I am familiar with and
Registered Agent's	Signature
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Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. 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

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

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

Typed or printed name of signee

Filing Fees: \$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

that the facts stated herein are true.)