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(Re	equestor's Name)	_
(Ac	dress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(	<b>--</b>	,
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		

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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Sheron's Pain (Name of Limited	Ting LLC 1 Liability Company)	
The enclosed Articles of Organization and fee(s) are surely Please return all correspondence concerning this matter	_	
Sharon Thomps	5 Or\ Name of Person)	<del></del>
Sharan's Painting	5 L L C Firm/Company)	
105 King Beel	Orive (Address)	
Crawfordville,	F1. 32327 State and Zip Code)	SAUG-9 AM 10: 50 LLAHASSEE, FLOR
For further information concerning this matter, please	call:	MID: 51
Sharon Thompson (Name of Person)	at (850) 92/6 (Area Code & Daytime To	
Enclosed is a check for the following amount:		
□ \$125,00 Filing Fee ❖□ \$130.00 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)
STREET ADDRESS: Registration Section	MAILING A Registration S	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 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:				
Sharon's Painting LL				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
105 King Bee Drive Crawfordville, Fl.	Los King Bex Drive Crowfordville, Fl.			
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:			
The name and the Florida street address of the re				
114 Taffling or 1 Florida street addr	ress (P.O. Box NOT acceptable)			
Crantordyille City, State, as	FL 32327 ad Zip			
liability company at the place designated in the registered agent and agree to act in this capacity	accept service of process for the above stated limited a sis certificate, I hereby accept the appointment as a limited a further agree to comply with the provisions of all formance of my duties, and I am familiar with and			

(CONTINUED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
*** MERM	Sharon Thompson 105 King Bee Drive Crawfordville, Fl. 32327
***	
(Use attachment if necessary)	_
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	ASSS 9
Sharon-	or or an authorized representative of a member.
(In accordance with sec	itutes an affirmation under the penalties of perjury

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)

Sharon Thompson
Typed or printed name of signee