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TRANSMITTAL LETTER

	IICA, (SIVIII)	LAKE ELET X LEIK	
TO: Registration Section Division of Corporation	ons		
SUBJECT: M.S.M. Paintin		Liability Company)	
The enclosed Articles of Orga	nization and fee(s) are su	bmitted for filing.	
Please return all corresponden	ce concerning this matter	to the following:	
Michael McNe		ame of Person)	
		and of tersony	
M.S.M. Painting Solutions		irm/Company)	
PO. B	ox 101282	(Address)	
	Coral, FL. (City/s	339 10 State and Zip Code)	
For further information conce	ming this matter, please c	all:	
Michael McNeeley (Name of Per	son)	at (<u>239</u>) <u>940</u> (Area Code & Daytime Te	- 4195 To Sephone Number) L-CR
Enclosed is a check for the	following amount:		TAR) ASSI
	\$130.00 Filing Fee & tificate of Status	☐ \$155.00 Filing Fee & Certified Copy	S160.00 Filing Fee.

STREET ADDRESS:

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

(additional copy is enclosed)

Certified Copy

(additional copy is enclosed)

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:				
M.S.M. Painting Solutions LLC	<u> </u>			
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
Msm Painting Solutions UC 4811 Sovrento Court Cape Coral, Fr. 33904	MSM Pointing Solutions LLC PO Box 101 2832 Cape Coral, FL 33910			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:				
The name and the Florida street address of the re	egistered agent are:			
Michael S. M. Weeley Name				
H811 Sorren to Court Florida street address (P.O. Box NOT acceptable)				
Cape Coral FL 33904 City, State, and Zip				
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S			
Michael S. Registered Agent's	Mode, President AHE OCT -			

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(CONTINUED)