USDOU/05602

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COVER LETTER

TO:

Registration Section

Division of Cor	porations		•
SUBJECT: <u>CHA</u>	RLCS BROGD (Name of Limited	Liability Company)	<u> </u>
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
CHARLE	S BROGDON (Vame of Person)	<u>.</u>
CHARLES	BROGDON PA	inting	·
8031 R	ed Engle Dr.		
		(Address)	<u> </u>
TALLAH	ASSEC, FL. 3 (City)	2312 State and Zip Code)	
For further information c	oncerning this matter, please c	ail:	
CHARLES B (Name o	ROGD IN of Person)	at (<u>850</u>) <u>668-4</u> (Area Code & Daytime Tele	// 6 ephone Number)
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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	OCT 28 AHXSE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
CHARLES BROCDON PAINTI (Must end with the words "Limited Liability Company, "Limited	he Lee I Company" or their abbreviation "L	LC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
8031 Red Engle Dr. TALLAHASSES,	FL 323/2 S	Ame.
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re		
CHARLES BROGD	OON	e e e e e e e e e e e e e e e e e e e
8031 Red Eng.	Cess (P.O. Box <u>NOT</u> acceptable)	· · · · · · · · · · · · · · · · · · ·
TAWAHASSEC City, State, ar	FL 323/2	
City, State, ar	id Zip	
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacit all statutes relating to the proper and complete and accept the obligations of my position as reg	is certificate, I hereby accepty. I further agree to comply performance of my duties, a istered agent as provided fo	ot the appointment as www.www.www.www.www.www.www.www.www.ww
Registered Agent's Signatu	Dwydus re (REOVIRED)	Z005 OCT 28 PH SECRETARY OF STALLAHASSEE, FI
(CONTINU	J ED)	3: 06 STATE LORID

Title: "MGR" = Manag "MGRM" = Man		Name and Address:
MGRM	<u> </u>	CHARLES BROGGEN RO31 Red Engle Dr TALLAHASSEE, FL 72312
	· · ·	
(Use attachment	if necessary)	
LE V: Effective	date, if other than the d	late of filing: (OPTION) be specific and cannot be more than five busine
effective date is	date, if other than the disted, the date must larthe date of filing.)	late of filing: (OPTION) be specific and cannot be more than five busine
LE V: Effective effective date is or 90 days after	date, if other than the disted, the date must lar the date of filing.) GNATURE:	late of filing: (OPTION be specific and cannot be more than five business
LE V: Effective effective date is or 90 days after	date, if other than the disted, the date must be the date of filing.) GNATURE: Signature of a member of the date	or an authorized representative of a member.

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)