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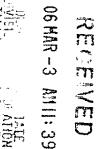
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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SEGRETARY OF STATE
ALEMHASSEE, FLORIDA



COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Danald Tilley Paint Ling 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: |
| Donald Tilley (Name of Person) |
| Danald Tilley Paintung LLC |
| 2636 11:55:con 2d # 129 Fra 8 |
| Tall, talk 32304 (City/State and Zip Code) ART |
| For further information concerning this matter, please call: |
| Dan ald Tilley at (\$50) 574-4925 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| S125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is | The name of the Limited Liability Company is: | , |
|---|--|-----------------|
| ARTICLE II - Address: | Must end with the words "Limited Liability Company. "Limited | Print in 5 LLC. |
| | ARTICLE II - Address: | |

ARTICLE I - Name:

| Principal Office Address: | Mailing Address: | • | |
|--|---|------------------|--------------|
| 2636 XX issian Rd | SAME | | |
| TAH, ELA 32304 | | | ي د |
| ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regional Serve as its own | | | |
| The name and the Florida street address of the | registered agent are: | OS MAR SEURET | - |
| Donald 7 | elley | NR -3 | * ; |
| 2636 Missing Florida street ac | ddress (P.O. Box <u>NOT</u> acceptable) | AHII: OF STA | |
| TA / City State | FL 32304 | TATE ORIDA | - |

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 Signature (REQUIRED

(CONTINUED) 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 Ax G R xx Daught Tilly 26.36 u. 55.0 u. 55.0 u. 75.0 u. 78.0 u. 7

ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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 that the facts stated herein are true.)

Typed 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)