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SECRETARY OF STATE
TALLAHASSEE, FLORID.

OG MAR -3 PH 2:57

M. HODGES

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Moris Ell (Name of Limited	er Paintin. (Liability Company)	g LLC
The enclosed Articles of	Organization and fee(s) are su	ibmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Morris B	Fuller TR Name of Person)	71
	morris E	Her Paintln)————
	8366 Guer	(Address)	
	allahassre (City)	(Address) F 323/7 (State and Zip Code)	2
	concerning this matter, please	_	
(Name	of Person)	at () (Area Code & Daytime T	elephone Number)
Enclosed is a check fo	or the following amount:		
S125.00 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons c Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	e:					
The name of the Lin	nited Liability Comp	pany is:				
Mod (Must end with the words '	2 R FS f	CLLER	PATNT I Meir abbreviation "LLC,"	16 LL	<u>'</u> C	,
(Mast cha whith the words	Ellinica Elabitity Compa	iy, Enmed Company of	alon approviation and,	,		
ARTICLE II - Add						
The mailing address	and street address of	of the principal offic	e of the Limited Lial	bility Com	pany	is:
Principal Office Ac	ldress:	Mailing A	Address:	•		
		830	6 6	1000		
		73.4	6 Guerry	IGHE_		
			23/7			
ARTICLE III - Re (The Limited Liability Con- business entity with an ac The name and the Fi	npany cannot serve as its of tive Florida registration.) lorida street address MORR JS \$366 Guera Florida	own Registered Agent. Yo	X NOT acceptable)	ual or another AHASSE (ARY	Q6,MAR -3 PM 3: 00	d .
				_		

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

<u> </u>	Name and Address:
MGRM" = Managing Member	
Marn	Morris & Feller I'K
	Morfis & Foller I'll F3GG QUERRY 19AX Tullahassec El 32317
<u> </u>	
<u> </u>	*
Use attachment if necessary)	
•	the date of Silvania (ODTION
LE V: Effective date, if other than	the date of filing: (OPTION st be specific and cannot be more than five business d
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LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a me of this document of this document of the date.	st be specific and cannot be more than five business d

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

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