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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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3-10-06



COVER LETTER

TO: Registration Secti Division of Corpo			-		
SUBJECT:	DeBSIE MC (Name of Limited	Liability Company)	orative Pai	nli	ng,
The enclosed Articles of C	Organization and fee(s) are su	bmitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	DEBRA MAXW	EUU Jame of Person)			
Debbie	Maxweer De	Covative Paint	ind-		
3715 7	relline Blud			2006	SIA 3S
		(Address)		MAR	CRET OR
melbo	Urne 71. 3	2935		-9	F CO
	(City/s	State and Zip Code)	-	*	RPG SS
For further information co	ncerning this matter, please o	call:		l2: 52	ATION:
Debbi Mi	Oxwell Person)	at (321) 482 (Area Code & Daytime Te	O947 Elephone Number)		
Enclosed is a check for	the following amount:				
	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing 1 Certificate of Status Certified Copy (additional copy is enclosed)	s &	
	Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporation	- -		 =-

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Debbie Maywell Dec (Must end with the words "Limited Liability Company, "Limited	evalue Printing, LLC Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company	y is:
Principal Office Address:	Mailing Address:	
3715 Treeline Blud melbourne 71	3715 Treeline Blud Melbourne 71	
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	gistered agent are:	201
DEBRA A. 1 3715 Treeline	Maxwell 3	SECRETAR VISION OF C
	DIVC.	
Me/bouyhe City, State, an	ess (P.O. Box NOT acceptable) FL 32935 FL 32935	STATE
registered agent and agree to act in this capacity. statutes relating to the proper and complete per	is certificate, I hereby accept the appointment a: I further agree to comply with the provisions o	s of all end
\sim		

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)



ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) 3-10-06 ARTICLE V: Effective date, if other than the date of filing: _ (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)